

# Oral Hygiene

MAY 1960



Forest Park, St. Louis, Missouri. The annual meeting of the Missouri State Dental Association will be held in the Chase Hotel, St. Louis, May 22 to 25.

***In this issue:***  
**THE CONQUEST OF  
DENTAL FEAR**



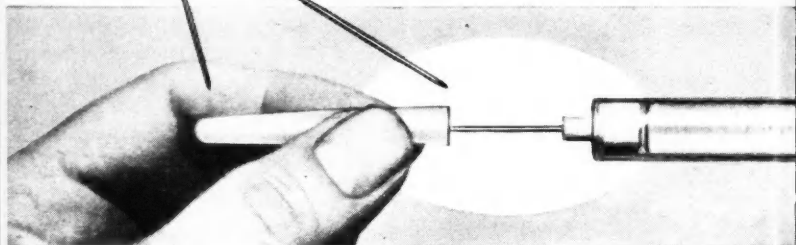
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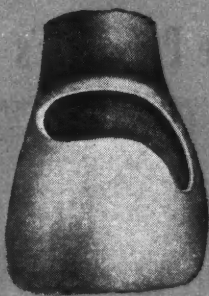


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# The Publisher's CORNER

No. 466



## Interested In STATISTICS?

AN ANALYSIS of the many comments we received from readers of the February CORNER has confirmed our belief that an insight into the vital statistics of a publication commands more than mere passing interest. In the February issue we detailed, by classification, the circulation of an average issue of ORAL HYGIENE.

In the March issue, as a follow-up, we presented averages with respect to "year-of-graduation", the figures having been gleaned from readership studies which we conduct constantly. As a matter of fact, the readership studies are a never-ending and always-interesting part of our publishing operation.

To carry the statistics still further: for the full year of 1960—our 50th in dental publishing—we will send out in excess of 1,100,000 copies of ORAL HYGIENE, an all-time high. Of this number, over one million will reach dentists. This represents a tremendous amount of manpower hours for the paper industry, the printer, and us the publishers; not to mention Uncle Sam's Post Office!

(Continued on page 8)

*The million copies of Oral Hygiene which will be sent to dentists this year would make a stack 10 times taller than the Empire State Building.*





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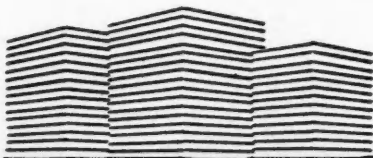
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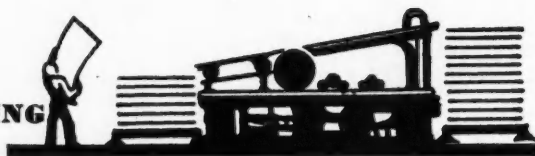
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## PAPER



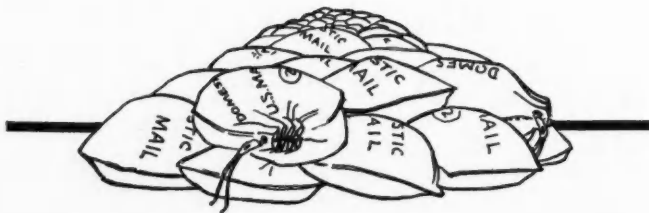
How much paper do we use? In round figures, 30,000 lbs. per issue; almost 10 carloads per year. The total number of pages printed will be an astronomical 154 million.

## PRINTING



Presstime varies depending upon the number of pages and complexities of the various forms. Make-ready time alone—the time required to place plates on presses and prepare them for printing—seems like an endless and unproductive procedure; but it is so essential before presses can roll on their merry way. Many man hours are involved in this intricate phase, followed by at least a full week's time in several shifts for the actual press-running hours.

And then to the final task: binding and mailing. Again, many more hours and workers are involved, after which ORAL HYGIENE is bundled into 520 mail bags and started on the way to you, and you, and you . . . wherever you are!



# Oral Hygiene

VOL. 50, NO. 5

MAY 1960

AN INDEPENDENT NATIONAL MAGAZINE FOR DENTISTS



REGISTERED IN U S PATENT OFFICE



*Total circulation this issue more than 94,000 copies*

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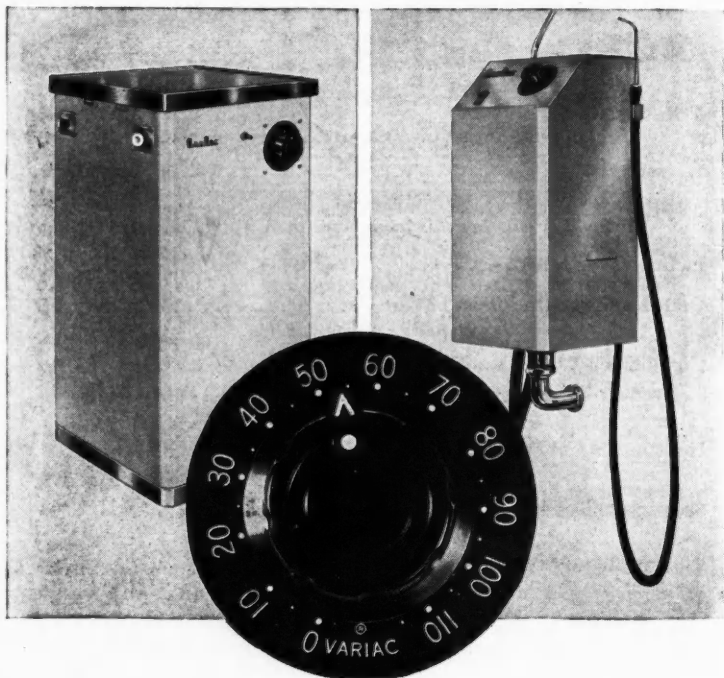
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## *Picture of the Month*



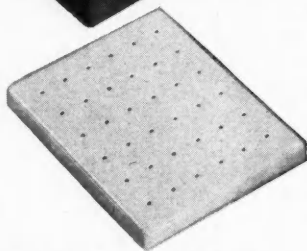
AT A recent meeting, the Hartford Dental Society honored three generations of dentists from one family. Shown here (from left to right) are: William G. Downes, Jr, Harvard 1930; William G. Downes, III, McGill 1957; and William G. Downes, Sr, Buffalo 1901. These three are encompassed in a family group of eight dentists. Doctors Downes Senior and Junior practice together in Hartford, Connecticut, and Doctor Downes III practices in West Hartford, Connecticut.—*Photograph by David S. Ginsburg, DDS.*

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*Fig. 1.—An industrial nurse irrigating a dental cavity prior to packing it with a cotton pledget moistened with a sedative.*

## Oral Health and the Industrial Nurse

By HAROLD L. ALTHOUSE, RN

*The industrial nurse is helping to reduce absenteeism by giving emergency dental treatments, and referring employees to a dentist.*

"Nurse, can you do something for this toothache of mine?" is not necessarily a frequent request heard in the average industrial dispensary, but when such a plea for relief from dental pain is en-



countered, it is usually an urgent one.

The modern competent industrial nurse can no longer apologetically offer a few half-evaporated toothache drops and a wish for a speedy recovery! Instead, her training and her position in the industrial organization demands prompt, professional, and measured responses.

Despite the conspicuous absence of professional dental care in the majority of occupational health departments throughout the Nation's shops and factories, oral hygiene does play an important role in the industrial scene, and its value to the production of our Nation's commodities is much greater than most people realize or can appreciate.

It is common knowledge that carious teeth are perhaps the most frequent type of physical defect found among working men and women. Although dental caries is not serious, the industrial nurses who care for the health of these persons on the production lines realize that such localized dental infections can lead to generalized systemic disease, and thus cause a lowering of worker efficiency.

Because of the infrequency of noncritical but nonetheless painful dental emergencies in the industrial health office, nurses ordinarily are not likely to invest limited company allowances in the purchase of extensive dental first-

aid equipment. They are mostly content to limit their professional services to rendering a minimal degree of temporary care with simplified but ingeniously improvised equipment (see figure 1).

Fortunately, in this respect, certain standard medical supplies or materials which can usually be found in the average plant dispensary are also applicable to dental situations—such as the use of a tongue depressor to examine the oral cavity, small hemostats or forceps which may be used to handle cotton pledgets for insertion in dental cavities, hypodermic syringes with an improvised nonpointed needle to irrigate the dental cavity with warm water or saline solution, a dental mirror which can be useful in many non-dental situations, and the "toothache drops" which are usually carried in the dispensary medicine cabinet.

Perhaps of greatest interest to the industrial nurse—although not necessarily of any concern to the suffering employee—is the role that oral hygiene plays in the physical pre-employment or pre-placement procedures which are conducted for each new or potential employee in the more progressive types of industrial health programs. In these instances, a thorough examination of the teeth and gingivae is usually administered by the nurse to detect such defects as dental caries, abscesses,

pyorrhea, and Vincent's disease. When the nurse finds symptoms that cause her to suspect that any of these conditions exist, the individual is routinely referred to his dentist for confirmation of the findings, early care, and correction.

### **Chemical Exposure**

In addition, there are certain symptoms that can be observed in the oral cavity, which may indicate previous exposure to any of a variety of toxic chemicals. For instance, extensive tooth decay or decalcification may be a result of excessive and adverse exposure to any number of different type sugar substances such as may be found in sugar refineries and bakeries; or from employment in poorly ventilated areas where certain common acids are used.

Pigmentation of the gingivae, on the other hand, may occur as an early symptom of systemic poisoning from prolonged and dangerous exposure to substances such as bismuth, lead, aniline, or mercury. Inflammation of the soft tissue may also occur from excessive exposure to bismuth, lead, mercury, certain types of phosphorus, radium, acids, acrolein, amyl acetate, benzol, cresol, phenol, bromine, or chlorine; whereas necrosis of the bone and osteomyelitis may occur from exposure to arsenic, mercury, radium, or white and yellow phosphorus.

An important part of the treatment of these conditions is to assess the employment history of the patient with respect to possible or known exposure to these harmful chemicals. If systemic absorption is suspected or established, the patient should be advised to avoid all further exposure to the suspect substance.

Industry is aware of the hazards that these chemicals present to the workers, and will go to almost any extreme to prevent employees from becoming unduly and unnecessarily exposed to them. The most commonly employed measures include the use of personal protective equipment, such as rubber gloves and chemical respirators, in addition to extensive and complicated ventilating devices.

Unfortunately, it is not always easy to detect the presence of these harmful agents in many industrial operations, since they are often sold under quite innocuous sounding trade names and packaged in harmless looking containers with scarcely enough information on the labels to meet the minimum labeling requirements of the food and drug laws.

Consequently, the personnel of the industrial health or medical services can often be of great value to the dentist in helping him to establish the cause and effect relationship when exposure to toxic substances is suspected.

It becomes apparent that, from the point of view of dental and oral hygiene, the concern of the nurse in industry is threefold:

1. To render temporary emergency care for the relief of dental distress, and prevent further infection or trauma pending professional dental care.

2. To detect early symptoms of oral pathology and refer suspect cases for dental treatment.

3. To inspect employees exposed to certain industrial chemicals for oral symptoms that would indicate presence of systemic intoxication therefrom.

Limited though her contributions to the field of oral hygiene might be, the role of the industrial nurse is no longer merely that of a sympathetic samaritan dispensing toothache drops. She has acquired knowledge and a skill unexpected of her less than a decade ago, and reflects a dedicated interest in maintaining the health and total well-being of the millions of men and women who keep the wheels of modern industry in motion.

2727 Carter Avenue  
Erie, Pennsylvania

#### WHAT IS A DENTIST?

HAVE YOU realized that the difference between a dentist and a prosthetic technician is not a matter of ability to construct an acceptable prosthesis, but rather it is the knowledge and the experience of the why and the when; the where a certain type of prosthesis is required; to be able to prescribe it, together with the medico-surgical knowledge and ability necessary to the preparing for and the maintenance of functional prostheses as therapeutic agents and measures in the vital interest of a patient's oral health.—*The Journal of the Ontario Dental Association, Toronto.*

#### OUR RANGE OF MOODS

THE emotional tone of all men is characterized by the unique capacity of fluctuating over a range of moods. For the most part, mood fluctuates in response to provocative circumstances. The vicissitudes of everyday life are typified by the degree of success or failure that attends each encounter. Few persons complain of the mood fluctuation that is associated with success. Everyone to a greater or lesser degree reacts to real or even fancied failure with a dejection of mood.—*Proceedings of the Staff Meetings of The Mayo Clinic, Rochester, Minnesota.*



## CONSULTATION CLINIC

### Mouth Examination: Seeing Through the Fingers

By **ARTHUR ELFENBAUM, BA, DDS\***

*Your sense of touch is an invaluable aid in giving a complete intra-oral examination.*

EVERY dentist will readily admit that a critical survey of the mouth is essential before treatment is instituted. However, if asked to demonstrate his examination technique, he will no doubt resort immediately to his mirror and explorer. The practice is a good one, because the dentist has developed the art of projecting himself through an instrument in his hand; but there are many in-

stances in which an exploration with the finger is an invaluable diagnostic aid. The tactile sense is a God-given attribute, sensitive and discriminating, a gift that every dentist possesses, and he would do well to make more use of it.

The first step in a mouth examination should be the evaluation of the oral opening rather than an inspection of the teeth. The index fingers are inserted into the angles of the mouth, and the corners (commissures) of the lips are stretched distally, then upward and downward. Tenderness at the angles, whether lesions (angular cheilosis) are present or not, may indicate a deficiency of the vitamin B complex. A mental note should be made to look for other concomitant and confirming evidence, such as history of nutritional inadequacies, gingival

\*Doctor Elfenbaum is Professor Emeritus of the University of Illinois and Northwestern University, Consultant in Diagnosis and Treatment Planning at the Dental Training Center of the West Side Veterans Administration Hospital, Chicago, and Courtesy Member of the Medical Staff at the Michael Reese Hospital.

pathology, and a possible resorption of bone.

If the lips are flappy when the stretched corners are moved up and down, it may mean a general lack of tonicity of the muscles of mastication and its usual consequences—poor masticatory effort, lack of oral hygiene, dental caries, atonic soft tissues, a tendency toward alveolar bone resorption; and, in the edentulous mouth, poor retention of dentures.

Tight, nonresilient lips will resist the stretching by the fingers, indicating that access into the oral cavity with instruments, handpieces, and impression trays will be difficult. It will be necessary to spend some time teaching the patient to relax and cooperate. For the dentist to struggle with lips that are as obstinate as the rim of an automobile tire means only dissension between himself and the patient.

Before the teeth are examined with the mirror and explorer, they should be occluded in centric position. The index finger is then moved along the buccal and labial surfaces of all the teeth, and the dentist should demonstrate with his own teeth how the patient should glide his mandible into its various excursions with the teeth in occlusion. Any abnormal mobility of the teeth can be felt through the finger. Interfering cusps and high restorations are easily revealed. If the mouth is

fitted with a removable partial denture, the test should be made with and without the prosthesis in place. An occlusal imbalance of a partial denture may cause a periodontal disturbance in the remaining natural teeth. A little pressure applied to the attached gingivae, including the lingual surfaces, will disclose tender areas. Even if the patient tries to avoid expressing a painful experience, a slight quivering of the eye may reveal the presence of the symptom. There should be no difficulty in detecting osteomas, bony undercuts, tori, and other exostoses by palpation. Surgical removal of these eminencies is a matter of discretion.

#### **Discovering Indurated Masses**

The cheeks, lips, and tongue, should be palpated between the thumb and index finger to discover indurated masses. They will not register in a roentgenogram. When such a neoplasm attains a size that alarms the patient, one cannot help but feel that a dentist could have determined its existence in a much earlier stage.

In palpating the floor of the mouth the intra-oral examination is made with the tip of the index finger. However, the fingers of the other hand must be placed below the mandible to fix the mylohyoid muscle, otherwise the oral tissues will be depressed by the finger in the mouth, making it impossi-

ble to distinguish a stone in the gland or duct from a ranula.

Extreme care must be used not to overmanipulate pathologic tissues. It may be possible to metastasize malignant cells into the blood stream by exerting too much pressure against them. The contents of a cyst may be squeezed through its containing membrane, and while a swelling may be reduced, the cyst will undoubtedly recur. It does not require much pressure to force pus and other toxic material from an abscess through the fascial spaces and spread an infection.

The tactile sense frequently helps in the differential diagnosis of lesions of the oral soft tissues. A moniliasis (fungal infestation) feels soft and fuzzy, whereas a hyperkeratosis or leukoplakia presents a hard, smooth, or crackled surface. An enlargement of the gingivae feels soft and resilient if it is inflamed, but if it is fibrous the tissue is firm to the touch.

### **Protect Fingers**

In palpating an infected mouth, or if the patient is a known syphilitic, the finger should be gloved. The same precaution should be taken when palpating tissues affected by an advanced carcinoma, not to protect the finger against the malignancy but against the likelihood of secondary infection.

A dentist should not always

take it for granted when a patient volunteers the information that he is a gagger. Standing over to one side or behind the patient, he should slide his finger over the anterior portion of the palate, then, while diverting the patient's attention by casual conversation, finger pressure is increased as it is moved toward the soft palate. It is often found that the patient who insists that he has a strong gag reflex will tolerate the manipulation almost to the uvula.

A final digital exploration of the palate is of utmost importance before the try-in for a complete denture is processed. The resilient and hard areas must be mapped out and recorded on the stone model to insure proper sealing and relief. This must be done by the dentist and not left to the discretion of the technician. His finger should determine how much cushioning there is in the submucosal tissue. Relief is necessary along the median raphe where the mucosa is quite thin. Where the mucosa is ample, the tissue is able to withstand some extra pressure; hence, the postdam should be made only between the midline and the pterygomaxillary raphes (it is a mistake to refer to these as the hamular notches) and not across the midline.

It should hardly be necessary to elaborate on the ability of the finger to feel sharp edges of teeth and restorations, broken clasps,

abraded margins of pontic backings, and similar irritants which traumatize oral soft tissues.

It will be noted that all the digital examinations herein described can be accomplished with-

out the aid of the visual sense, because a dentist can, so to speak, see through his fingers.

431 Oakdale Avenue  
Chicago 14, Illinois

### **POLICING THE RANKS**

*All that is necessary for the triumph of evil is that good men do nothing.*

—EDMUND BURKE.

The good reputation of the many is often at the mercy of the few.

Dissatisfaction with one physician's services, his charges or some other aspect of medical care can result in complaints that undermine the confidence of the public in the entire medical care system of a community. Even though many complaints are unjustified or stem from misunderstanding, their existence can create a serious public relations problem.

Grievances and misunderstandings are bound to occur so long as the principals involved are human beings. But such grievances should be resolved, whenever possible, to the mutual satisfaction of both the patient and the physician.

While there is a slight difference between being unethical per se and not serving the best interests of the public, neither can be tolerated if the profession as a whole is to deserve the great confidence reposed in it by the public.—*The AMA News, Chicago.*

### **THE TOTAL MEDICAL DOLLAR**

CITIZENS of the United States spent \$16.4 billion for medical care in 1958—an average of \$95 a person.

Of total consumer expenditures for medical care in 1958, hospitals claimed \$4.3 billion, physicians \$3.9 billion, drugs \$3.2 billion, dentists \$1.6 billion, health insurance \$1.3 billion, and ophthalmic products and orthopedic supplies \$1.1 billion.

In 1938 physicians received 31 cents of every medical care dollar but the physicians' share in 1958 was only 24 cents—or 22.6 per cent less than 20 years ago. In 1957, it was 24.5 cents. The total spent for all medical care in 1938 was \$2.7 billion.

Dentists received 13 cents of every dollar in 1938, but their share dropped 23.1 per cent to 10 cents in 1958.—*The AMA News, Chicago.*



# So You Know Something About DENTISTRY!

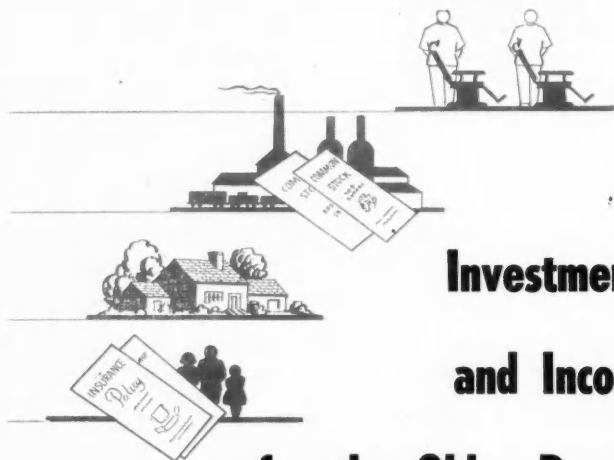


By ROLLAND C. BILLETER, DDS

## Quiz 187

1. After filling with a mix of cast material, final impressions (a) should, (b) should not, be inverted until after the initial setting period. ....
2. Is decreased salivary flow a common complaint of the aged patient? ....
3. True or false? Aspirin has little or no effect on pain of high intensity. ....
4. Are self-curing acrylic re-liners usually adequate for long-term clinical serviceability? .....
5. Which of the following should be treated with hypnosis? (a) thumb-sucking, (b) nail-biting, (c) bruxism. ....
6. Does the labial frenum have muscle? .....
7. The vast majority of rarefactions are (a) cystic, (b) non-cystic. ....
8. True or false? The casting shrinkage of the metal will vary, depending on the form and size of molds. ....
9. If a patient has been taking cortisone it (a) is advisable, (b) is not necessary, to postpone any elective surgery until the drug has been completely eliminated. ....
10. Do fine-cut alloys require less trituration than coarse-cut alloys? .....

FOR CORRECT ANSWERS SEE PAGE 86



## Investments and Income for the Older Dentist

By **KEITH D. SUTHERLAND,**  
DDS, MS

IN THIS article we will concern ourselves with the older dentist whose children are grown, married, and self-sufficient. He is now faced with the problem of providing for himself and wife during the later years of their lives.

Older dentists find themselves in one or more of three generalized categories: Some have ample means and could live comfortably on their incomes; others have some income from various investments, but need to supplement this income from part-time employment; there are also men who have ac-

quired little property during their productive years of practice and must formulate a plan of employment to provide a living income. In each category we find dentists who have many questions running through their minds relative to their present and future situation. At times they may become confused and, on occasions, this confusion may seem to reach the proportions of panic. Below, we will try to provide certain information which, we hope, will tend to dispel this emotional tension.

Before continuing with our informational projection the following axiom of truth should be studied and assimilated: *There is no difficulty, aroused and enlarged by*

**California dentist makes practical suggestions that his colleagues can adapt to their own investment problems.**

*emotional tension, that cannot be reduced or obliterated by rational thinking.*

In the foregoing three categories the interests and needs of the men involved may tend to overlap, as I have mentioned. Therefore, generalized information will be given that could affect the problems of all concerned.

**Types of Investments To Consider:** After age 55 to 65 most men find their energies lessening and the possibility of some health impairment is more likely. The investment needs here are more concerned with safety of principal and higher income than with growth possibilities. Growth stocks usually pay small dividends as their earnings are reinvested in the company for expansion purposes. However, some attention must be given to the problem of present inflationary trends. Common stocks and real estate can be definite hedges against inflation.

**Defensive Securities:** Life insurance can provide retirement benefits. At age 65 your \$30,000 policy might be worth \$18,000 in paid-up insurance. But because your children are self-sufficient and your wife is older and could

get along on less, you elect to take some paid-up insurance and some cash. Depending on your policy you might take \$10,000 in paid-up insurance plus half the cash value of your policy or about \$6500. You could convert this cash value into an annuity which might pay upwards of \$50 per month for life. You might use this money as a down payment on income property where you and your wife could live rent free with rent from your tenants paying off the trust deed. Buying shares in Federally Insured Building and Loan Associations affords safety but these are fixed-price investments and not inflation hedges. These provide an insured investment up to \$10,000 at interest up to 4½ per cent.

Bonds form a stable portion of your portfolio. You loan your money to a company for a stated number of years at a stated interest rate. Bond prices usually go up when common stocks and business fall and vice versa. They can form a portfolio hedge when common stocks seem and are highly overpriced. Data on bonds can be obtained through Moody's Investor Service, 99 Church Street, New York 5.

**Aggressive Securities:** Common stocks are the most aggressive of all securities. They are an inflation hedge and can supply an income of from 5 per cent to 20 per cent. But they must be bought with great care, selectivity, and good

counsel. For the sake of the least risk, investigate the Favorite Fifty list of good common stocks bought by the Investment Funds. Write for this list to: New York Stock Exchange, 11 Wall Street, New York.

Investment Funds allow professional management of funds together with diversification. A balanced fund is the more conservative type. It keeps one-fourth to one-half of its funds in cash, preferred stocks, or bonds, with the balance in common stocks. It will show smaller loss in a declining market and slower gain in a rising market. A common stock fund has nearly all of its funds invested in common stocks. It will rise or fall faster than a balanced fund. Consult Weisenberger's book INVESTMENT FUNDS in your local library for information.

**Real Estate Securities:** If well chosen, these securities can provide an unusually secure protection against inflation.

**Mortgages:** These involve two parties, the borrower and the lender. The borrower keeps the title and gives you a promissory note on which you can sue. In the event of default the borrower has one year to redeem before a court foreclosure is started. It may take you eighteen months to foreclose on a mortgage.

**Trust Deeds:** Here three parties are involved, the borrower, lender, and trustee. In event of default

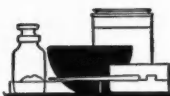
the trustee may sell the deed in favor of the lender without going to court. Trust deeds, if bought properly, can yield a high interest. This is particularly true in California. Your home should bring a much higher price than you paid for it. It may be too large for yourself and wife. You could sell it and use part of the proceeds as a down payment on income property. Also you might make a better deal by exchanging it for income property. Here, there are tax advantages to be gained. Consult a reputable real estate broker for advice, or study and learn about real estate for yourself.

**Employment in Later Years:** You could put another dentist in your office and keep open six days a week, each of you working three days. Many dentists with large practices want a man three days a week for relief. These positions are usually on a percentage basis.

Industrial concerns have dental openings in their medical departments. Watch the advertisements in the various dental journals. Write about your needs to the Council on Dental Health of the American Dental Association, 222 East Superior Street, Chicago 11. Write to the secretaries of various dental societies.

Remember, no matter how old we are, there is some place we are needed in our profession.

916 North Hoover Street  
Whittier, California



# TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

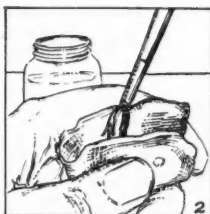
## Replacing a Lost or Damaged Precision-Type Partial

By JOSEPH J. SAKMAR

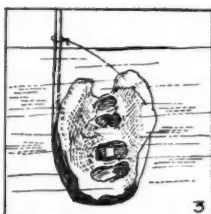
Drawings by Dorothy Sterling



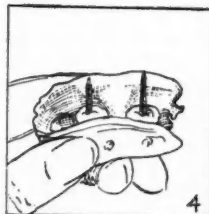
Take impression in either rubber material (for silver-plating) or silicon material (for copper-plating).



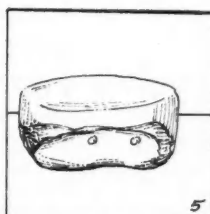
Coat with metalizing solution.



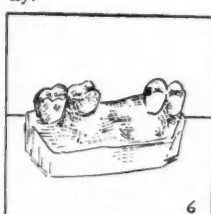
Use a heavy-gauge copper wire as a cathode holder. Make contact with metalizing solution to the impression. Place in solution. Plate heavily.



Into the impression of each abutment tooth, place enough cold-cure acrylic to support a metal screw (about 1/2" long) imbedded head-down and protruding above the surface of the acrylic.



Allow acrylic to set. Add stone to fill impression and form a base. (Screws act as reinforcement, and increase the bond between stone, acrylic, and metal plating.)



Construct replacement partial on this model. Since abutments remain in original position on the teeth and the recesses are in accurate alignment, the partial will fit perfectly (Retain the model for possible future use.)



## Social Security— Trends and Forecast

By **PHILIP NEMOFF, DDS**

A GUITAR-STRUMMING "Rock and Roll Singer" is now enjoying fantastic popularity and an income equal to about three times that of the President of the United States. This singer was asked on a television interview one day how he intended to care for his "aged" father now that he had this great wealth. The singer replied, "Well, I'm going to retire my Daddy." It turned out later that "Daddy" was 40 years of age.

Most of our citizens who have attained the age of 40 feel fortunate indeed if they are gainfully employed. Despite various state laws against age discrimination, most employers and corporations do not favor hiring new employees around age 40; hence the existence

of 40-Plus Clubs in various parts of the country.

Since our Social Security system is primarily based upon the age bracket of 65 years of age and over, this article will deal with the latter.

Since 1960 is the Presidential election year, Congress will be under heavy pressure to revise the Social Security Act. Some of the more radical proposals would change the fundamental nature of the system.

United States Senator Pat McNamara, Chairman of the Senate Subcommittee on the Problems of Aging, and who is 65 years of age, was quoted as saying, "I don't see how any American in good conscience can avoid the fact that benefits under Social Security and Old Age Assistance are far below

***Keep informed on developments in Social Security—improvements are needed to give our senior citizens adequate benefits.***

the minimum level of adequacy." (*New York Times*, December 1, 1959.)

There is an unjust limitation on the earnings of recipients under OASI. They are not permitted to earn in excess of \$1200 per year. There is no such limitation on income on investments, and this is obvious discrimination in favor of the relatively well to do.

Congressman Willard S. Curtin of Pennsylvania, has introduced a bill which would raise the earnings ceiling to \$2400 yearly.

At this date it has been estimated that about 16 million Americans have attained the age of 65 and over.

Many older persons have grave problems because of low incomes. Three-fifths of persons over 65 received less than a \$1000 income in 1958. One-fifth received between \$1000-\$2000. Half of the elderly couples living in their own households, generally the well-to-do of the aged, had cash incomes of less than \$2000, half had more.

Social Security benefits are being received by about 60 per cent of the senior citizens at present. The average per person is \$72 per

month, and \$120 per month for married couples.

The most crucial area of concern is that of health. Old people spend more on health services than younger age groups. Many aged persons postpone going to a physician, or buying essential drugs, because to do so would mean less food, or drawing on savings.

Secretary Arthur S. Flemming, head of the Department of Health, Education and Welfare, announced before a recent meeting of the American Public Welfare Association that he is formulating a plan of medical care, soon to be presented for congressional approval. He did not mention dental care, but presumably some dental care would be included. Secretary Flemming originally favored private insurance plans for senior citizens, but reported recently that studies with insurance companies for this purpose had been futile.

One of the biggest questions facing our senior citizens is how to finance the cost of medical care. So vital is the problem that it has become one of growing concern.

The House Ways and Means Committee, under the chairmanship of Congressman Wilbur D. Mills, proposes creating a comprehensive health insurance program within the framework of the Social Security system.

Testifying before the committee, representatives of the American Medical Association opposed



the bill on the grounds that, given time, private insurance companies can provide adequate coverage for the elderly. The American Nurses Association endorsed the bill, urging that provisions be added to include nursing care of the aged in the home by visiting nurses. Among the national organizations opposing the bill were: American Medical Association, American Dental Association, American Farm Bureau Federation, American Hospital Association, Chamber of Commerce of the United States, and the Health Insurance Association of America. Support for the bill came from the AFL-CIO, American Public Welfare Association, National Consumers League, and the National Farmers Union.

Tax-minded individuals and organizations are pressuring the administration to keep the Social Security benefits to a minimum, and they display voluminous statistics to bolster the argument that the country cannot afford further benefits under Social Security.

A great many of our taxpayers need to be reminded that 80 per cent of the tax dollar goes to national defense, \$1½ million dollars a day is the cost of storage for surplus wheat, stored by the Surplus Commodities Administration, and billions of dollars are given away to foreign aid.

It is no wonder that under the present economic setup it would

appear that there is little left to help our senior citizens. The outlook is that the latter will get peanuts, equivalent to throwing a few scraps to the dog. However, there will be a day of reckoning; and that day will come when 16 million voters (and that number is rapidly increasing) come to their senses and will not be befuddled by so-called statistics. Votes are a language politicians understand.

### **Cannot Afford Retirement**

There is another angle to retirement under OASI. Most people cannot afford to retire under the present setup. Various surveys have indicated that only one out of twenty-five workers thought that he would actually enjoy sitting doing nothing.

Retirement it was found was something that was forced on people because of failing health, compulsory retirement, or because they lost their positions and simply could not find new ones.

Insurance companies are revising their policies due to longer life span expectations. Men like Winston Churchill, Doctor Albert Schweitzer, the late Justice Oliver Wendell Holmes, and the late Arturo Toscanini, to cite just a few, are examples of men who performed great tasks in their late years.

If all persons 65 years of age and over were compelled to

retire, many members of Congress and other officials of our national and local governments would have to resign.

There is a difference, according to geriatric literature, between chronologic age and biologic age. One may be biologically old at 40 and another young at 70.

Many organizations composed of senior citizens, such as Golden Age Clubs, are in existence. Among them is one of national dimensions: Senior Citizens of America, with headquarters in Washington, DC, which publishes a magazine. Its literature states that it is a nonprofit scientific educational research organization of the National Geographic Society type. SCA is based on the following convictions:

1. Preparation and planning for the later years should begin as early as age forty.

2. The second half of life should be richer and happier for most people than it is now.

3. Many older people now put up with infirmities and handicaps which can be corrected.

4. Better provision should be made for the care of senior citizens who are not able to take care of themselves.

5. Man's greatest need is to learn; this need increases as one grows older.

6. The senior citizen should keep reasonably active physically, mentally, and spiritually.

7. There is a vast reservoir of unused talent among men and women in all walks of life who have been retired, that should be used for the public good.

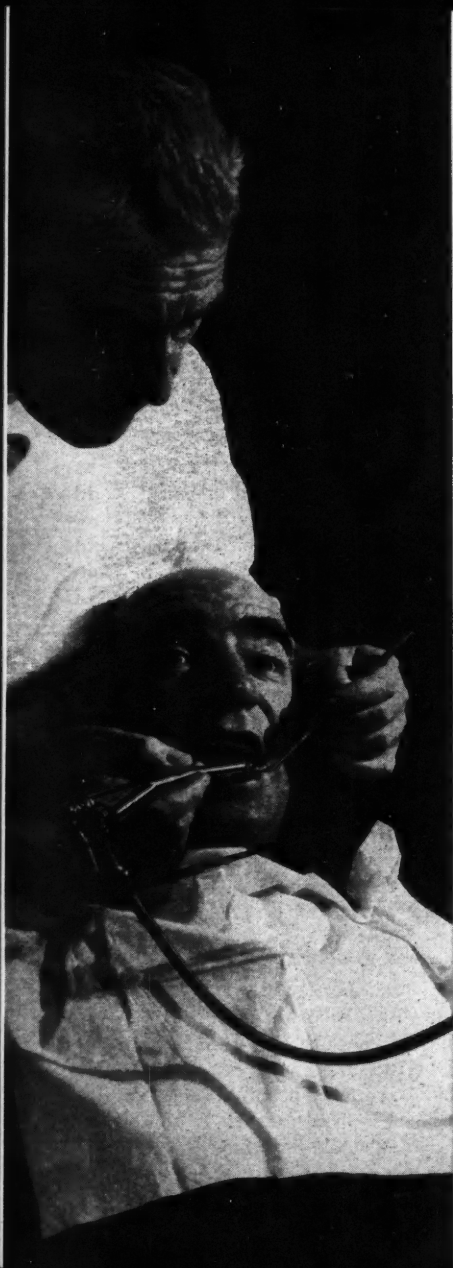
With respect to utilizing the talents of our senior citizens for public good, I believe that many of them could serve as ambassadors of good will in travel abroad. They should be briefed on the cultures of foreign countries by appropriate agencies, public and private. In other words they could sell United States Democracy as a step forward toward world peace.

The excessive cost of drugs and medicines, as revealed in Congressional investigations, plus the pressure of organized labor, and other organizations, will no doubt influence the passage of the Forand Bill. The latter was introduced by Congressman Wilbur D. Mills, Chairman of the House Ways and Means Committee; and proposes creating a comprehensive health insurance program, within the framework of the Social Security system.

The bill of Congressman Wilbard S. Curtin (Republican, Pennsylvania) which will raise the earnings ceiling to \$2400 yearly will probably pass.

Raising the cash amount of Social Security benefits is not as crucial as health benefits, and unless more pressure is exerted the

*(Continued on page 54)*



## The Conquest of D

By A. LOWELL HYDE, DDS

*This author classifies patients on the basis of fear so that you can better understand their reactions and help them overcome this deterrent to dental treatment.*

FEAR may be accepted as one of the greatest stumbling blocks in the progress of improving the general health of the peoples of this country, and no doubt many of the other nations of the world. From a considerable accumulation of statistics that I have compiled throughout a number of years of practice, both private and military, I have concluded that dental patients may be classified into definite groups according to the degree of fear experienced. Such patients may then be accorded treatment that would lend aid toward the lessening of fear, and records kept for future treatments.

The apprehensive patient, or "A" type, can be readily noted.

## Dental Fear

He enters the dental office with some hesitancy, often mentioning the fact that he is horribly frightened. He watches every move, and may try to assist the dentist with the use of his hands. In the majority of cases of this type, fear may be allayed to a great degree by a friendly greeting, careful and easy movements, and outlining the procedure as it is being carried out. With each additional appointment, fear is greatly lessened. This type of patient should not be classified as difficult.

Next is the "B" patient. Type "B" exhibits a form of trembling when confronted with the need for dental attention. Fear is a deep-seated problem with this patient. He exhibits imaginative pain, will not cooperate, and usually reports for dental care when all other local applications for the relief of pain have failed. He carries this hallucination to an emotional crisis that as a rule prevents treatment, other than under general anesthesia.

Fear has so infiltrated the emotional capacity of the "C" type

patient that under no circumstances does he seek dental assistance. Usually this patient does not present himself until after all or most of his teeth have become a menace to his general health, and he has been ordered by a physician to seek the advice of a dentist. Quite often, because of fear this patient does not return.

As a means of relief, tranquilizers, suggestion, persuasion, and hypnosis, may all be offered in the form of symptomatic treatment. The use of tranquilizers has been found to be most useful in the lessening of apprehension, and offers considerable relaxation.

Suggestion may be profitably used, although it implies giving an idea to a patient and having him accept it, even if there is no demonstrable reason why he should. Younger patients might be persuaded by a program of education of the evils of fear, and the offer that a dental operation can be done with little pain.

Hypnosis is fast becoming a procedure of accepted treatment, and it is invaluable as a means toward lessening the factor of fear. Nevertheless, the majority of dentists have not as yet reached a full understanding of hypnosis, neither do they have the ability to use it as a daily means of operational procedure.

Much fear can be broken down by a friendly approach. Beginning with the first visit, an alert dental

assistant will quickly notice the apprehensive patient just as soon as he enters the door. If the patient is met pleasantly by a cheery, attractive assistant, it is the first step toward lessening of fear.

Many dental offices now have established a routine of offering each patient some form of refreshment according to the season of the year. This may add to breaking down the barrier of accelerated fear. Also, the reception room should be completely shut off from the operating room, so that

the operational sounds will not be carried through.

The problem of pain and its control has always been a real one. When a patient is fearful of a dental treatment, the pain is exaggerated. Therefore, if the dentist would devote some attention toward lessening the feeling of fear, the pain could be greatly reduced, and the patient could develop a better attitude toward dental treatment.

1146 West Howard  
Biloxi, Mississippi

### **SOCIAL SECURITY—TRENDS AND FORECAST**

*(Continued from page 51)*

increase will be slight.

There are many aspects of Social Security, which cannot be covered in one article. I recommend that you follow developments on Social Security by reading the newspapers and magazines, particularly during the next session of Congress.

Above all, express your opinion

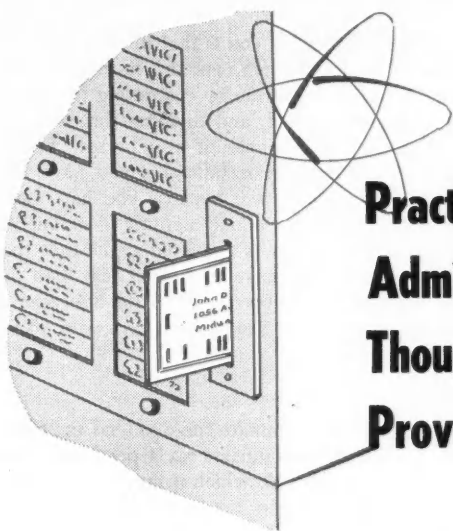
in writing to United States Senator Pat McNamara, Chairman of the Senate Subcommittee on the Problems of the Aging; also to your own Congressman, and the two United States Senators of your state. They will be glad to hear from you.

49 Allen Street  
Netcong, New Jersey

### **LIMITATIONS OF SCIENCE**

SINCE the psychiatrist more than any other physician attempts the adjustment of *lives* rather than simply eradication of a physical disease, there will be a limitation to the achievements of our science. We must not expect science, which as a method concerns the relations among only two or three events at the time, to substitute for the aspirations, the faith and hopes that proceed from the human spirit, and its innermost strivings, and the things that man has lived by through the ages.

—W. HORSLEY GANTT, MD, *Physiological Bases of Psychiatry*.



## Practice Administration Thought- Provokers

By **CHARLES L. LAPP, PhD**, and **JOHN W. BOWYER, DBA\***

### Lifetime Credit Cards

A device that may be even more useful than money in purchasing goods and services in the near future is being developed by the Stromberg-Carlson division of General Dynamics Corporation. It carries the credit card craze to the extreme. This new development, scheduled for trial in a test area sometime in the next five years, is a lifetime nonexchangeable electronic credit card issued to each citizen at birth and designed to be inserted into automatic dispensers of packaged goods. The shopper's coded card could be used anywhere in the country to register his purchase and automatically flash the charge to his home bank where another computer would itemize all of his purchases for the month, and print his bill.

### Computing Interest Rates

In these days of widespread use of consumer credit it is necessary that each of us know how to compute the cost of a loan. Banks and automobile companies frequently advertise 4 per cent financing in

\*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Associate Professor of Finance, Washington University, St. Louis, Missouri.

new car purchases. What they do not tell you is that this is a discount rate and that the actual cost is almost 8 per cent simple interest. The borrower can determine his true interest rate by computing the actual amount of money that he has the use of, and dividing that into the actual dollar cost of the loan. For example, if you borrow \$1200, which must be repaid in equal monthly installments you have had the use of less than \$1200 for the full year because you have been reducing your balance each month by equal monthly installments. In the case of a discount loan, the interest is deducted at the time that you borrow the money. Therefore, you have the use of less than the amount borrowed. For example, if you borrow \$100 for one year at 6 per cent discount the lender gives you \$94, so you have paid \$6 for the use of \$94, not \$100 for one year.

#### **Dividend Tax Credits**

There is considerable agitation to terminate the dividend tax credit which permits taxpayers to deduct from income tax 4 per cent of any dividend income in excess of the first \$50, which is currently tax free. The proposal is to eliminate the 4 per cent tax credit but not the \$50 exemption. The argument is that doing away with the credit would increase returns from the recipients of sizeable dividend income and still protect the receiver of small dividends. This change in the tax law could affect the financial planning of retired people or those contemplating retirement.

#### **Use of Trusts to Reduce Income Taxes**

Trusts are legal devices which may be used by anyone to reduce income subject to the federal income tax. This is accomplished by placing some of your income producing assets, such as securities, in a trust for the benefit of your children or possibly a relative that you are obligated to support. The effect of the trust arrangement is that you reduce your taxable income and this income is received by the beneficiary of the trust at a lower rate. You are, in effect, giving them dollars on which less income tax must be paid. For example, you must support an aged aunt. Her support costs you \$2000 a year. If you are in the 50 per cent tax bracket, you must earn \$4000 to provide for your aunt's support. If you transfer securities or other assets to a trust for her benefit, and she is in the lowest tax bracket of 20 per cent, you can provide for support with only \$2500 in income before taxes (gross income \$2500, less \$500 income tax). You may arrange the trust so that you get your assets back after a period of time and she



receives only the income. If you are in a tax bracket above 20 per cent, a trust arrangement may reduce your income taxes. See your lawyer and he will advise you on which arrangement is best for you.

### **Be Creative**

You were probably born with far more creativeness than you realize, and certainly more than you have developed and used. To be creative you must be excited about something. Look at what you consider an important problem facing you. Now set a deadline for yourself when you will have a solution to it. You will be surprised when you go racing the clock how ideas will come to you.

### **Questions and Answers**

Before your next patient comes in, play a little game with yourself. Put down mentally the questions you think the patient will ask. When you can anticipate questions of each of your patients, then you are beginning to understand your patients and what motivates them.

### **Some Quick Tips**

In most cases it is probably more tactful when someone does not seem to understand a question you have asked to say, "Did you hear my question?" rather than saying, "Do you understand my question?"

If you come in contact with a few persons you seem to have trouble talking to—just hesitate and wait for them to say something. You will find most people will carry their end of a conversation if you will let them.

### **Is Enough Spent on Dentistry?**

Total public spending for all medical care went up 118 per cent in the ten years between 1948 to 1958 (\$7,503 million to \$16,384 million), while spending for dentistry increased 87 per cent in the same period (\$895 million to \$1,674 million), according to statistics released by the Office of Business Economics of the US Department of Commerce.

### **Series E Bonds as an Investment**

Series E bonds, because of the alternative methods of taxing the interest income from these bonds, offer an opportunity to the dentist who is nearing retirement to escape some income tax liability. The investor in Series E bonds has the alternative of either counting the increment in value in these bonds as current income, or postponing

the declaration of this interest income until maturity. This offers an unusual opportunity for dentists who are within seven or eight years of retirement. Presumably, your income is higher now than it will be when you retire. Therefore, you can purchase Series E bonds now and the interest income will not be taxable at your present high rates if you postpone the declaration of this interest income until after retirement.

### **One Secret of Making Others Like You**

For the next month, at least three times a day, when you have an urge to tell about your trip, to report what your child said at the breakfast table, or tell what you did at your last convention—restrain yourself. Instead of telling about yourself or your family *ask—ask* the other person to relate something about himself and his family. You will be surprised at the difference in his reaction to you.

### **Some Short Thought-Provokers**

Never overestimate the knowledge of a patient or underestimate the intellectual power of a patient.

Remember there is a big difference between putting effective showmanship in what you do and being a show-off.

Watch your relationship with others as there is a notable line between being high pressure and indifferent toward a patient.

Other people do not like to be the brunt of a joke.

There are three kinds of people: The ones who make things happen, the ones who watch things happen, and the ones who do not know things are happening.

Most of us overestimate our own sense of humor and our sociability acceptance, and in contrast underestimate our unfavorable traits such as snobbishness and vulgarity.

Being a nice guy to many people means being self-satisfied, and being self-satisfied means too often finishing last.

You are less likely to get kicked in the mouth if you keep it closed.

### **Whispering Strategy**

A commanding voice that shakes the rafters may be desirable for a first sergeant or an auctioneer. A booming voice could easily be a handicap to any professional man if it commands rather than leads. A voice that makes people sit up and take notice or flip to attention may help but a blaring radio might do just as well. A loud voice is too insistent; it intrudes, yelling orders instead of asking for cooperation.

The following qualities, according to Donald and Eleanor Laird,<sup>1</sup> need to be watched in your voice:

#### HELPFUL

pleasant tone  
enthusiasm  
clear pronunciation  
inflection  
confidence  
earnestness  
moderate tone  
rhythm and phrasing

#### HARMFUL

annoying tone  
spiritless expression  
mumbling  
monotone  
hesitance  
languidness  
loudness  
words run together

#### Pithy Advice For Auxiliary Personnel

Caroline K. Simon, Secretary of State for New York, in a convention speech to a group of industrial nurses said something which might have the same significance to dental assistants. She said, "There are four things a woman needs to know. She needs to know how to look like a girl, act like a lady, think like a man, and work like a dog."

<sup>1</sup>Laird, D. A. and Laird, E. C.: Practical Business Psychology, New York, McGraw Hill (Gregg Publishing Company), 1951, page 499.

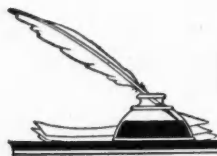
*Washington University  
St. Louis 5, Missouri*

#### THE COVER

THIS MONTH's cover photograph of Forest Park in St. Louis, Missouri, represents an invitation to the meeting of the Missouri State Dental Association to be held in St. Louis, May 22 to 25. Requests for reservations and information about this meeting should be addressed to Doctor E. D. Suggett, Merchants Bank Building, Jefferson City, Missouri.

#### NOTICE

WHEN you change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



## EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

### MORE ON FEDERAL LAW

SEVERAL months ago an article and an editorial published in this magazine served to warn dentists and dental societies that they could run afoul of the federal antitrust laws.<sup>1</sup> Since that publication two events in the dental world have proved the point:

The US Department of Justice has objected to some provisions of the dental laboratory accreditation programs of constituent societies of the American Dental Association. The *Journal of the American Dental Association* has warned constituent societies to beware of possible violation of federal law: "Special care should be exercised on the following points in planning a program of dental laboratory accreditation:

1. Membership in a particular laboratory association should not be made a requirement for accreditation.

2. The responsibility for administering an accreditation program should not be delegated to a nonprofessional agency, such as a dental laboratory group.

3. Lists of accredited dental laboratories should not be published by the society together with editorial comment suggesting or recommending that members of the society limit their patronage to the accredited laboratories."<sup>2</sup>

A dental journal cannot, therefore, publish an approved or disap-

<sup>1</sup>Edgecombe, W. E.: Dental Organizations Must Obey the Antitrust Laws, *ORAL HYGIENE* 50:27 (February) 1960.

Editorial, Federal Law and the Dentist, *ORAL HYGIENE* 50:54 (February) 1960.

<sup>2</sup>Council on Dental Trade and Laboratory Relations: Justice Department Comments on Revision of Association's Policy on Dental Laboratory Accreditation, *JADA* 60:231 (February) 1960.

<sup>3</sup>Group Health Dental Insurance Inc. News Release: GHDI Dental Plan Fights Monopolistic Bill of State Dental Society (February 19) 1960.

proved list of dental laboratories. Neither can a dental society suggest or recommend patronage of any particular dental business. To carry this prohibition another step: A dental society that attempts to restrain members from publishing in a particular dental journal, or that attempts to interfere with the subscription or advertising efforts of a dental journal may find itself in violation of the federal antitrust laws.

The other example of a dental society in possible violation of federal law is expressed in the statement made by Bissell B. Palmer, DDS, President of Group Health Dental Insurance, Incorporated, before a legislative committee of the State of New York. In his statement Doctor Palmer charged the New York State Dental Society with sponsoring a dental service corporation bill that was "unnecessary," "monopolistic," and "against the public interest." Doctor Palmer is reported to have said that the dental insurance bill sponsored by the New York State Dental Society "intends to discourage dentists from participating in any Plan except one which they control, and said this would lead to intimidation of from 5000 to 6000 dentists now participating in the two existing Plans as well as adversely affect their 37,000 subscribers."<sup>3</sup>

One of the many dentists who commented on the article and editorial on the antitrust laws wrote to ask if he could no longer speak out in opposition to socialized dentistry, or "does it mean that if I don't like a product I can't tell my friends about it?"

He was assured that there is no federal law that denies a person full freedom of speech, provided what he says or writes does not violate the laws of slander, libel, or defamation. No one can with impunity attack the character, the reputation, or the good name of a person or an organization, or compete unfairly in business, without risking a law suit—dentists and dental societies are not exceptions. No person or organization is above the law!

Dentists believe in preventive dentistry. Physicians and public health workers labor in many fields of preventive medicine. All ethical lawyers advocate the prevention of unnecessary litigation. Dentists and dental societies should work closely with their lawyers to be certain that their actions are not in violation of laws that are on the state and federal statute books.

*Edward A. Ryan*

Q

## ASK Oral Hygiene

A

Please send all correspondence for this department to:  
The Editor, Ask Oral Hygiene, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

**Sodium Fluoride**

Q.—I would appreciate it if you could give me the ratio for adding sodium fluoride to water or milk for children prior to the first application of fluoride at 3 years of age.—T.R.M., Michigan

A.—According to a study made by the Council on Dental Therapeutics, there is not as much benefit from the conscientious use of prescribed fluoride as through residence in a community where a fluoridation program is in operation. Certain potential hazards not associated with a community fluoridation program may attend the individual use of fluoride supplements. It is the opinion of the Council that the following principles should be observed in the use of dietary supplements of fluorides:

1. Concentrated fluoride preparations should be dispensed only on prescription in order that adequate supervision may be provided for their safe and effective use.

2. The supplementary fluorides should be prescribed only when the concentration of fluoride ions in the drinking water is known and is less than 0.7 parts per

million parts of water.

3. Dietary fluorides should be continuously available throughout the period of tooth formation.

4. No more than 264 mg of sodium fluoride should be dispensed at one time.

5. Concentrated fluoride preparations should bear the warning statement: "CAUTION: Store out of reach of children."

6. Prescriptions should be limited to those instances where the parents may be expected to follow directions carefully.

Fluoride tablets may be employed with least difficulty in localities where the drinking water is substantially devoid of fluoride. Written directions should be provided according to the age of the child as follows:

1. Before two years of age. Add one fluoride tablet to each quart of water used for drinking purposes and for the preparation of formulas and other food.

2. From two to three years of age. *Every other day* add one fluoride tablet to fruit juice or drinking water which the child will consume at one time.

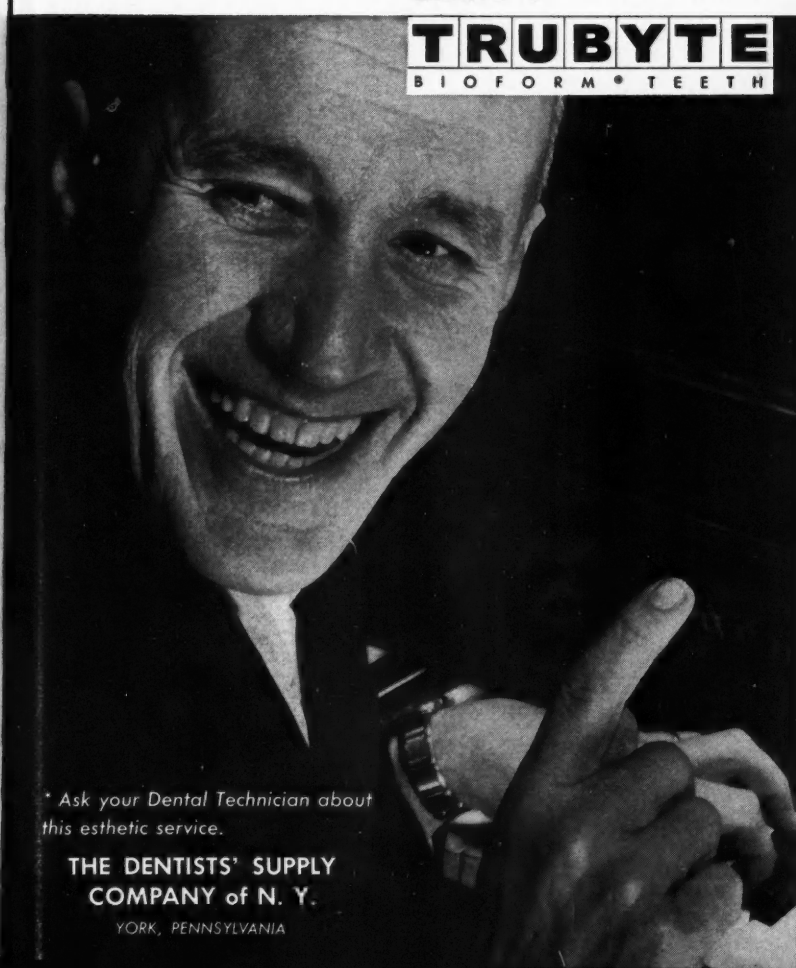
(Continued on page 66)

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TO H



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Let Wernet's help your new denture patients—and help save productive chair time.

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For mild dental pain

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***In each PHENAPHEN capsule:***

(Basic formula)

Phenacetin (3 gr.).....	194.0 mg.
Acetylsalicylic acid (2½ gr.).....	162.0 mg.
Hyoscyamine sulfate.....	0.031 mg.
Phenobarbital (¼ gr.).....	16.2 mg.

***Dosage:*** 1 or 2 capsules as required.

***Supply:*** Bottles of 100 and 500 capsules.

1. Strand, H. A., Henninger, F., and Dille, J. M.:  
J.A.D.A. 56:491, 1958.

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3. After three years of age. Administer one tablet each day in an amount of fruit juice or drinking water that will be consumed at one time.

**Fungus  
Infection**

Q.—I have a patient about age 60 with a puzzling mouth condition. The gingival tissue breaks out in small blisters and the mouth gets sore. I have prescribed numerous mouthwashes, but the only relief is by painting with gentian violet.

I sent her to a physician and, with the cooperation of a medical laboratory, we determined this condition to be an infection.

Can you make any suggestion for the treatment of such a condition? Do you think extraction of the teeth, some of which have deep periodontal pockets, would have any connection with the soft tissue complaint? Could this possibly be associated with an allergy?—G.R.C., South Dakota

A.—It is possible that there is a relationship between the deep periodontal pockets and the lesions of the gingival tissue that you describe. If the periodontal infection cannot be corrected, it is possible that you will have to extract the offending teeth. A careful study of all loose and infected teeth should be made to improve the health of the oral cavity. You might find that this correction may help to alleviate the fungus infection.

**Removing  
Stains**

Q.—Could you give any information about removing stains from uniforms caused by Permlastic.—J.T.R., Illinois

A.—I have written the manufacturer of Permlastic in order to answer your question. I have received the following information.

Some of the ingredients in Permlastic seem to be insoluble—at least in any solution that would be tolerated by cloth. Because of this, I cannot tell you a positive way in which this stain may be removed.

The manufacturer claims that some success has been reported in removing the stain from some cloth by using carbon tetrachloride followed by soap and water.

I am sorry that I cannot be of more help to you in this problem.

#### **Effects of Silver Nitrate**

Q.—Reference is made to *Ask Oral Hygiene* published in your November 1959 issue, page 59.

The answer to the *DEEP CAVITY* case states, "Silver nitrate is definitely contraindicated as recent research has proved dramatically." Would you please give your authority for this statement?

I have used silver nitrate in posterior teeth for years and feel that, aside from its staining, it is without peer since it penetrates the carious lesion. I have seen it used in children's teeth from which only superficial caries could be removed, and years later caries had been arrested by this treatment.—J.F., California

A.—I would recommend that you read the article *HISTOLOGIC EFFECTS OF SILVER NITRATE ON HUMAN DENTINE AND PULP* by Harold R. Englander, Verda E. James, and Mauray Massler which appeared in the November 1958

*(Continued on page 68)*

**For more severe dental pain**

*Superior to  
codeine  
alone*

## **PHENAPHEN<sup>®</sup> with CODEINE**

**¼ gr., ½ gr., 1 gr.**

Of five analgesic agents tested for relief of dental pain, PHENAPHEN WITH CODEINE ½ Gr. proved the most effective—superior to codeine alone.<sup>1</sup> The phenobarbital and hyosciamine components of the PHENAPHEN formula were termed "effective synergistic agents in potentiating the analgesic effect of aspirin and codeine."<sup>1</sup>

#### **Three strengths:**

##### **PHENAPHEN with CODEINE ¼ Gr.**

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Basic Phenaphen formula, plus ¼ gr. (16.2 mg.) codeine phosphate.

##### **PHENAPHEN with CODEINE ½ Gr.**

(Phenaphen No. 3)

Basic Phenaphen formula, plus ½ gr. (32.4 mg.) codeine phosphate.

##### **PHENAPHEN with CODEINE 1 Gr.**

(Phenaphen No. 4)

Basic Phenaphen formula, plus 1 gr. (64.8 mg.) codeine phosphate.

1. Strand, H. A., Henninger, F., and Dille, J. M.: *J.A.D.A.* 56:491, 1958

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issue of the *Journal of the American Dental Association*.

Following is the summary and conclusion of this article: Twenty-six carious human teeth with and without pulpal exposures were subjected to a standardized series of applications with silver nitrate, ammoniacal and plain. Histologic examination revealed the following:

1. Ammoniacal silver nitrate is not self-limiting. It penetrated through sound tubular dentine, both primary and secondary, as well as through carious dentine.
2. Silver nitrate stained the sound and the carious dentine differentially. Carious dentine was stained a deep brown. The degenerating tubules under the carious lesion did not stain at all. The contents of the deeper, vital dental tubules precipitated the silver ions as black particles of free silver.

3. Damage to the pulp occurred under sound dentine which was subjected to silver nitrate application. The black particles of silver eventually reached the pulp.

4. There was a strong tendency by the pulp to localize the injury caused by the silver nitrate.

5. There was considerably less damage under silver nitrate applied directly to exposed pulp than when the solution was applied to sound dentine. This was probably because the blood of the underlying hemorrhagic region completely precipitated the silver nitrate, limiting its action and preventing its further pene-

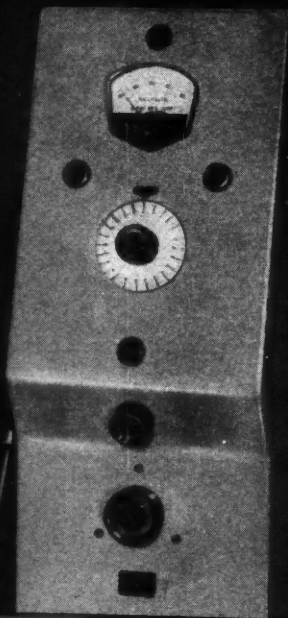
(Continued on page 70)

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tration.

6. In view of the limited sterilization action by silver nitrate and its potentially injurious action to the contents of vital dentinal tubules and the odontoblasts as well as the pulp itself, the value of a continued use on an empirical basis is questioned.

I trust reference to this article will clear up any question you may have on the use of silver nitrate in deep-seated cavities.

#### Removal of Pulp

Q.—I have used cocaine and adrenalin for pressure anesthesia, where I wanted to remove the pulp of a tooth. Since I can no longer obtain a commercial preparation containing these drugs, what shall I use?—L.N.C., Texas

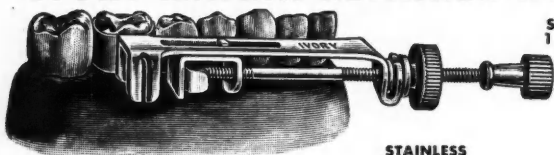
A.—The best preparation you can use for the removal of a pulp is a local anesthetic. However, if you still prefer to use cocaine and adrenaline for pressure anesthesia, you can have your druggist make up the combination for you as needed.

#### Questions That Dentists Ask Frequently

*Viral Hepatitis and the Dentist:* Although the methods of partial or complete destruction of micro-organisms have been of extreme interest and importance to dentists as a whole, at no time has greater interest been aroused as to the efficacy of these methods

(Continued on page 72)

## IVORY MATRIX RETAINER No. 8N



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Applicable for large or compound cavities, designed to simplify the release of the band. It can be used from the buccal or lingual, upper or lower sides of the mouth.

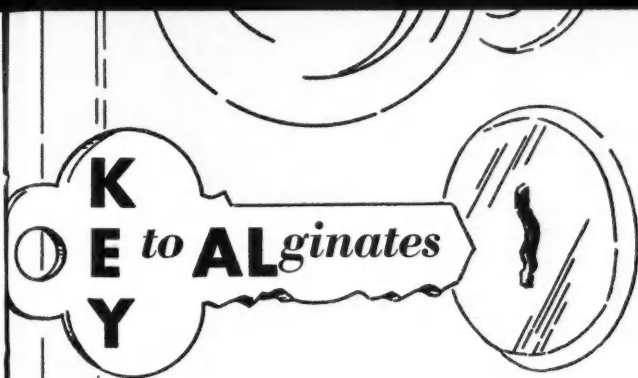
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(Please print plainly)

than during the sporadic outbreaks of viral hepatitis in recent years. There is still much to be learned about this virus; however, it is always good practice to study the evidence available and to determine how the dentist can best prepare himself to protect his patients from viral hepatitis.

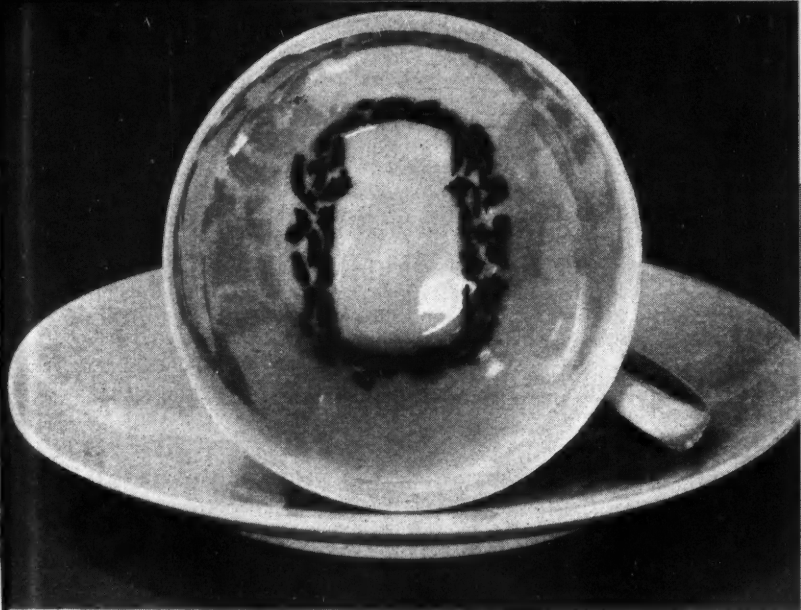
Viral hepatitis is believed to exist in two forms: infectious hepatitis, caused by virus A; and serum hepatitis, caused by virus B.

Infectious hepatitis has been recognized for centuries. The great increase in the incidence of severe forms of the disease in the past decade is generally ascribed to the growing use of intra-muscular and intravenous (parenteral) injections, and through the dissemination during World War II of strains of virus to which there was little acquired immunity.

Evidence seems to indicate that virus A usually attacks at the age of thirty or under; whereas virus B, or serum hepatitis, has no age preference. Virus B is transmitted only by the parenteral route, apparently by the blood of healthy-appearing carriers. This virus usually enters the body by way of a blood transfusion, serum, or plasma. Since minute quantities of blood or blood derivatives are infective, and since the virus is relatively heat resistant, the disease may be transmitted by syringes, needles, or scalpels, that have not been properly sterilized.

The dissemination of infectious hepatitis is primarily by the fecal-

(Continued on page 74)



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Minimax Alloy  
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Specifications No. 1  
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oral route, through the ingestion of contaminated food and water, and close personal contact with carriers. Infectious hepatitis is also spread by exposure to infected blood. Generally, the incubation period for infectious hepatitis is 20 to 40 days; whereas in serum hepatitis the incubation period is 60 to 160 days or longer.

Charles G. Maurice, a member of the faculty of the University of Illinois College of Dentistry says, "Of the various practical methods of disinfection or sterilization, the use of heat is the most reliable, least expensive, and most easily carried out." He claims that heat, properly employed, is the only method that gives complete assurance that bacterial spores or the more resistant varieties of microorganisms, such as those which cause tuberculosis or viral hepatitis, will be destroyed.

One of the oldest methods used for disinfecting instruments is boiling water. Boiling dental instruments in water at 100°C for ten to fifteen minutes is capable of destroying all microorganisms except bacterial spores. Since infection from bacterial spores is unlikely under ordinary circumstances, boiling water is an acceptable method of disinfection for routine clinical procedure or minor surgery. Neefe and Capps, in their extensive study of viral hepatitis, believe that if cleansing of instruments is thorough, complete immersion of dental instruments for ten minutes in boiling

(Continued on page 76)

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Anesthesia for  
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water should be adequate sterilization of this pathogenic virus.

Any dentist who has used boiling water exclusively realizes the many disadvantages, such as corroding and rusting of instruments, dulling of sharp instruments, and its unsuitability for cotton and fabric material. Some of these problems can be remedied by the use of distilled water, the addition of alkalizing salts, and the use of reducing agents such as sodium nitrite, to the water. The use of boiling water has been outmoded because the process is designated as one of disinfection or sanitization rather than sterilization. In addition, it has been shown that heat-resist-

ant bacterial spores will withstand boiling water at 212°F for many hours. It is highly questionable that certain viruses are inactivated by boiling water.

A method highly successful in destroying microorganisms is autoclaving. According to Maurice, "Moist heat in the form of saturated steam under pressure is the most effective of the practical methods of destroying microorganisms." A temperature of 121° to 123°C with a pressure of fifteen to seventeen pounds is recommended for autoclaving. It is the heat and not the pressure which sterilizes.

Experimentation has shown  
(Continued on page 78)

## TOOTHMASTER

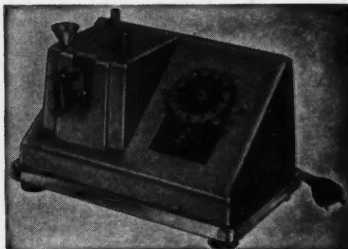
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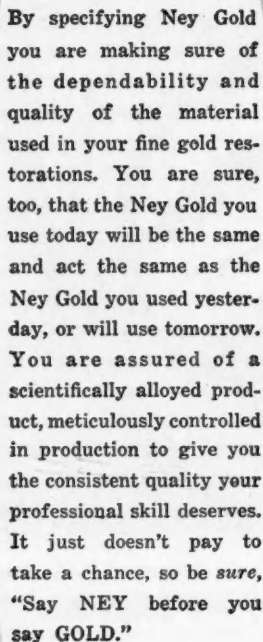
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78 ORAL HYGIENE • MAY 1960

that no pathogen is able to survive saturated steam at 121°C for more than three minutes, and that most resistant bacterial spores can rarely withstand exposure for more than five minutes. Neefe states that the autoclave is the preferred method for the destruction of the viruses of viral hepatitis. In general, a temperature of 121° to 123°C for fifteen to twenty minutes is considered adequate for sterilization of instruments and materials. In the event that articles are tightly bundled, the time must be extended accordingly. The only real disadvantage to using the autoclave method for sterilization is the tendency to slight corrosion and rusting of instruments.

Despite the efficiency of the autoclave method, Robert V. Walker of the University of Texas Southwestern Medical School, emphasizes that clean needles and syringes are an absolute requisite before sterilization by autoclave or any other method. The hub and the needle should be removed from the syringe and all parts should be washed in warm water to which a detergent is added. In addition, a suitable stylet should be employed to ream out the needle.

The use of dry heat is effective for the sterilization of instruments. This method causes no rust or corrosion, and therefore is ideal for sterilizing sharp, delicate instruments. The data on this type of sterilization indicates that exposure to dry heat at 160°C for

one hour is about equivalent to exposure to moist heat at 121°C for ten to fifteen minutes in the autoclave method.

Maurice points out that there are a number of limitations to the dry heat method. While highly effective for sterilizing metal instruments, it is not always as effective in sterilizing nonmetal surgical material. In addition, dry heat has poor penetrating ability and cannot always be depended upon to sterilize instruments and materials inside surgical bundles unless adequate temperature and a prolonged sterilizing period is used. The range of temperature must be carefully controlled; sterilization may not be accomplished below 160°C, and the temper of the metal may be affected above this temperature. Generally, the number of instruments in a dental office are limited, and consequently the length of time required by the dry heat method is a disadvantage.

Walker states that the use of chemical disinfectant solutions is probably not a good practice for, as the World Health Report on Hepatitis states "no chemical disinfectants are accepted for sterilization of instruments."

Because of the disturbing increase of healthy carriers of viral hepatitis, it is extremely important to adhere at all times to the strictest sterilization procedures.

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## Dentists in the NEWS

### **Receives Americanism Medal**

Doctor Elias S. Kahlifah was recently awarded the Americanism medal by the Daughters of the American Revolution. He is the first person in St. Louis to receive the medal, which is given to an immigrant who has become a naturalized citizen of the United States and who has made outstanding contributions to the democratic way of life. The qualifications for the award are based on trustworthiness, patriotism, service, and leadership.

Doctor Khalifah was born in Mount Lebanon, Syria. He studied at the American University of Beirut, Lebanon; Northwestern University, Chicago; and the University of Pennsylvania. He has received many honorary degrees, has been an associate professor at Washington University since 1941, and is editor of the *Missouri State Dental Journal*.—*St. Louis (Missouri) Post-Dispatch*.

### **Join African Missions**

Seventeen Catholic physicians and five dentists have volunteered to help a new organization in the African missions. The purpose of the new group, called MD: MISSION DOCTORS, is to staff, supply, and support Catholic mission hospitals. The organization will send physicians to medically primitive areas of Africa, where there is a ratio of one physician to every half million persons or more. Ultimately, MD plans to prepare entire staffs for mission hospitals; physicians, nurses, x-ray and laboratory technicians, and hospital administrators will be sent overseas.

Participation in MD is open not only to overseas volunteers, but also to those physicians and dentists willing to support MISSION DOCTORS and their service.—*Newark (New Jersey) Advocate*.

### **Recommends Dental Career to Women**

For 19 years Doctor Marian P. Singleton of Louisville, Kentucky, has been a practicing dentist. There are little more than a thousand women in the same field throughout the Nation—whereas in Russia 80 per cent of all dentists are women—and this small percentage of women dentists in the United States is decreasing. "I can understand why," Doctor Singleton says. "Young women are marrying earlier—and how many can afford the \$10,000 or more for a dental education?"

Doctor Singleton advises girls to spend some time in several dental offices "to get the feel of a dentist-patient relationship and to find out if you're really suited for that work." The financial reward for women dentists is sizable—an average \$11,000 a year. The intangible reward to Doctor Singleton: "You're doing something more with your hands than knitting—there's a feeling of accomplishment and immediate results."—*Elkhart (Indiana) Truth*.

### **Emperor's Dentist**

Because Emperor Haile Selassie of Ethiopia and His Majesty, the Imam of Yemen, occasionally have toothaches, a Cleveland dental sur-  
(Continued on page 84)

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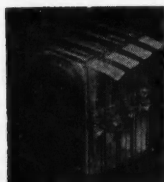
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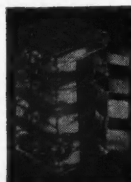
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**Proven opportunity!** Hundreds of doctors, lawyers, professional men of all kinds are realizing substantial profits from small cash outlay in self-service, coin-operated laundries equipped with Frigidaire Automatic Washers. Customers serve themselves. Vending machines take in money and keep it in strong boxes for collection. This profitable part-time business would require only several hours of your time each week. Frigidaire Division of General Motors has wide experience to help you; tips on where to locate, how to merchandise and how to serve customers most profitably.

- Dependable, high-quality Frigidaire Automatic Washers, with famous 3-Ring Pump Agitator, require little servicing.
- Fast, efficient 17½-minute Frigidaire washing cycle and best water extraction mean more customers per hour, per machine, than other washers.
- Liberal financing on all equipment and installation usually available with very little cash required.

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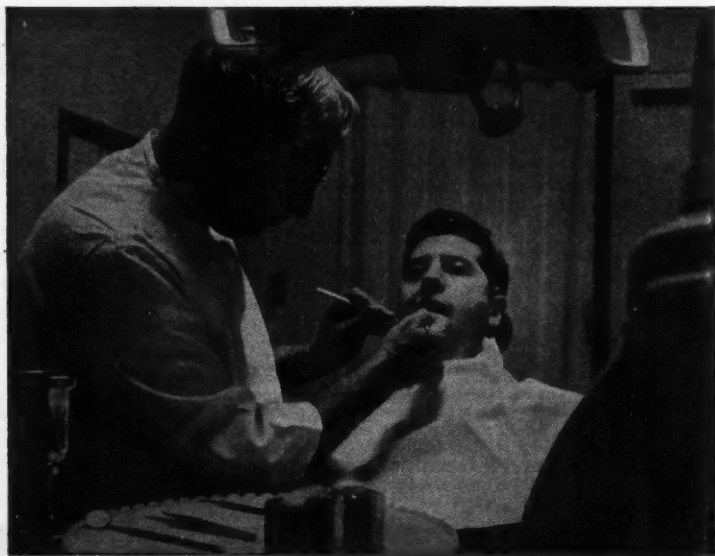
**FRIGIDAIRE**

PRODUCT OF GENERAL MOTORS

*A report of clinical findings published to date:*

---

**Thermodont<sup>TM</sup>** Tooth Paste  
relieved and controlled  
hypersensitive teeth  
in 79.2% of the cases studied



## **Thermodent** as an aid to everyday management of hypersensitivity

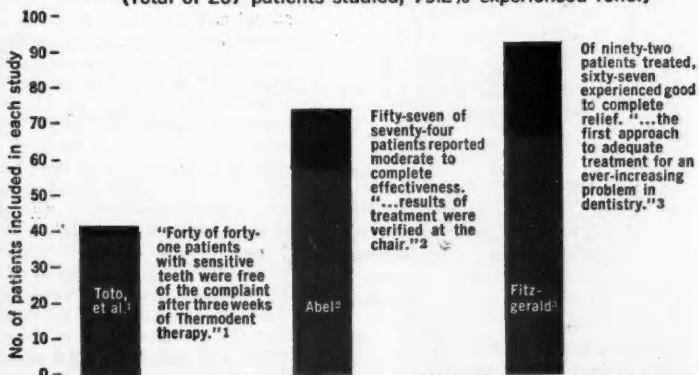
Published reports of clinical investigations show that patients who experience tooth pain from hot and cold or sweet and sour foods—as well as during cold weather—benefit measurably from regular brushings with Thermodent. In 571 observations on 92 patients, it was found that 42% of the patients had complete relief of dentine hypersensitivity—and 30% “good” relief—during regular use of Thermodent. All 92 patients “reported at least some benefit.”<sup>3</sup>

The reduced sensitivity afforded by Thermodent allows routine and thorough brushing for patients formerly unable to maintain proper oral hygiene. In addition, office visits are less painful because sensitivity to instrumentation is diminished—making for better patient cooperation and a saving of valuable chair time.

## **Thermodent** for relief during painful dental procedures

In periodontia, for example, extreme dental sensitivity is normally encountered. In a recent study restricted to periodontal patients, the effectiveness of Thermodent as a desensitizing agent was shown by the following results: 97% of the patients experienced complete relief from hypersensitivity after three weeks of Thermodent brushing, yet control subjects with sensitive teeth “were not free from the complaint after five weeks on a placebo.”<sup>1</sup>

### **SUMMARY OF RECENT THERMODENT CLINICAL STUDIES** (Total of 207 patients studied; 79.2% experienced relief)



1. Toto, P. D.; Staffileno, H., and Gargiulo, A. W.: *J. Periodontology* 29:92 (July) 1958. 2. Abel, I.: *Oral Surg.* 11:491 (May) 1958. 3. Fitzgerald, G.: *Dental Digest* 62:494 (Nov.) 1956.

available at all pharmacies in 2-oz. tubes

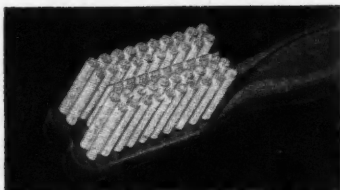
*Thos. Leeming & Co., Inc.*

155 East 44th Street, New York 17, N. Y.

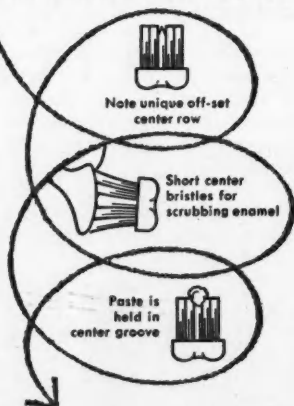
# NEW DUAL-ACTION

## BI-PO

### Send for free sample!



**Five-row brush with multiple tufts in natural bristle or flexible Nylon**



Bi-Po's scientific design is based on clinical research. Because its center row is set at a lower level, it conforms to the convex contour of the teeth and permits penetration of side bristles in embrasures. **Other Models:** 3-row "Junior" for children under 12; 4-row "Shorty" orthodontic.

For free sample and special prices for office supply—write

**BI-PO COMPANY**

616 University Ave., Palo Alto, Calif.

84 ORAL HYGIENE • MAY 1960

geon, Lieutenant Colonel John Brady, has been instrumental in advancing the cause of United States dental skill and democracy. He not only treats the emperor, but the crown prince and other members of the royal family.

Doctor Brady is now serving his 19th year with the Dental Corps. He was with Patton's Third Army in Europe, and later served in the Philippines, China, Japan, Okinawa, Midway, and the Kwajalein Islands. Doctor and Mrs. Brady and their two children, Susan, 15, and Donald, 12, live on the Army Post at Asmara, Eritrea, Ethiopia. "The hunting is one of the intangible benefits of Army life," says Brady. "In two hours by jeep we can be in the heart of the big game country. Compared to safaris from stateside, a 7-day safari for lions costs me \$30, and a 4-day hunt for Greater Kudu ran about \$20."—*Cleveland (Ohio) Plain Dealer.*

### 90-Year-Old Finds No Time To Relax

Doctor Clarence Eugene Collins of Crisfield, Maryland, who was honored as the oldest alumnus of the University of Maryland medical school still practicing, not only sees patients daily, but also—is Crisfield's health officer, a position he has held since 1910; is physician for the Veteran's Administration at Crisfield; serves on the Somerset County Selection Service Board; is medical adviser to a pharmaceutical firm; keeps up with all the major medical journals; writes extensively; and takes an active interest in politics.

Doctor Collins graduated from the University of Maryland dental school in 1897, and returned to Crisfield to begin his practice. Just six months later the university invited him to return and join the dental faculty. He agreed, and once back in Baltimore he began studying medicine in his spare time. He received his MD in 1902. Last year Doctor Collins'


(Continued on page 86)



help change  
this clinical  
picture of inflamed  
gingivae \*

## CONVINCE YOURSELF

- 1 VINCE supplies safe, therapeutic oxygen to inflamed gingival tissues
- 2 VINCE cleanses tissues and interdental spaces with nascent oxygen
- 3 VINCE combats anaerobic bacteria by providing therapeutic oxygen
- 4 VINCE aids in control of bleeding because of effective hemostatic action

 Remember: Prescribe safe, nonirritating VINCE at the first indication of inflamed or bleeding gums, tooth mobility and receding gums.

# VINCE<sup>®</sup>

SODIUM BORATE PEROXYHYDRATE

## THE OXYGEN RINSE

Write for a generous supply of professional samples.

**STANDARD LABORATORIES, INC.**

Subsidiary of Warner-Lambert Pharmaceutical Co.  
Morris Plains, New Jersey

### FIRST VISIT

Photograph of patient with severe sore mouth; VINCE oxygen rinse prescribed.

### 1 WEEK LATER

Same patient — one week later; VINCE oxygen rinse plus prophylaxis.

### 5 WEEKS LATER

Same patient — five weeks later, following gingivectomy.

safe, proved  
VINCE — the  
oxygen rinse —  
is indicated  
for every  
case of  
gingival  
inflammation

\*Typical Case History From Files  
of Standard Laboratories

**NOW** *An Automatic Base*

## **DROPSIN**

**The fast, fast cavity seal and base.**

**One Material for . . .**

### **PROTECTION AND STRUCTURE**

**DROPSIN** is mixed to a creamy consistency, flows into cavity.

**DROPSIN** firmly adheres to tooth structure on contact, does not stick to instruments.

**DROPSIN** requires no manipulation, sets hard enough to pack on in 40 seconds.

**DROPSIN** is sedative, has not caused pulp reaction in four years of use.

**DROPSIN** intrigues every dentist with its ease of handling.

**PRICE: \$3.50 per unit**

Bottle of Powder and Self-Dispensing  
Bottle of Liquid

*Ask your dealer or write:*

**ARROW DENTAL PRODUCTS**

**P. O. Box 74, Detroit 21, Mich.**

**Money Back Guarantee**

## **BREWSTER ALLOY**

*One of the Best*

**DOCTOR: You cannot  
buy a finer Alloy any-  
where.**

**So**

### **WHY PAY MORE?**

**Our prices are most  
reasonable.**

**Orders received in the  
first Mail Delivery will be  
shipped same day as re-  
ceived.**

**Price list on request.**

**Brewster Laboratories**  
**Algonquin, Ill.**

history of Somerset County physicians from 1791 through 1959 was published. His publishers also have his first volume on the lives of religious leaders, and he is working on the second.—*Baltimore (Maryland) Sun.*

### **Trust Company Adviser**

Doctor Charles Alvah Calder of Dansville, New York, has been appointed to the Dansville Office Advisory Committee of the Security Trust Company. In making the announcement, J. Wallace Ely, Security's president, referred to Doctor Calder's long record of community service: He is active on the Dansville Board of Trade as well as on the Zoning Board of Appeals, the Dansville Citizens Committee of Schools, and other civic projects in the Dansville community.—*Rochester (New York) Democrat Chronicle.*

Awards for items submitted for this month's **DENTISTS IN THE NEWS** have been sent to:

Emily Kaebeler, 4 Bedford Road,  
Katonah, New York

Ada Nagle, 9 Roosevelt Avenue,  
Jersey City, New Jersey

Mrs. A. Zehrung, 216 Strathmoor,  
Mishawaka, Indiana

J. O. Crowley, 1924 Prospect  
Avenue, Cleveland, Ohio

C. B. Fisher, 1019 North Charles  
Street, Baltimore, Maryland

## **SO YOU KNOW SOMETHING ABOUT DENTISTRY!**

### **ANSWERS TO QUIZ 187**

**(See page 43 for questions)**

1. (b). (Complete Dentures:  
Progress Report, J. Pros. Dent.  
9:530 July-August 1959)  
(Continued on page 88)



Who says  
you  
can't get

*iron*  
parts?

Every SIEMENS dealer has this complete and comprehensive kit of spare parts for any SIEMENS dental unit. *Don't let anyone tell you that getting replacement parts is a problem.*

OVER 98% OF ALL REPAIRS CAN BE  
MADE PROMPTLY RIGHT IN YOUR OFFICE.  
EVERY SIEMENS PART IS STOCKED IN THE U.S.



SIEMENS - NEW YORK  
Incorporated

Dental Division: 10-39 44th Dr., Long Island City 1, N.Y.

ORAL HYGIENE • MAY 1960 87

2. Yes. (Massler, Maury: Tissue Changes During Aging, Oral Surg., Oral Med. and Oral Path. **9**:1190 October 1956)
3. True. (Bonica, J. J.: The Management of Pain, Philadelphia, Lea & Febiger, 1953, page 589)
4. No. (Brauer, G. M.: Denture Reliners, JADA **59**:283 August 1959)
5. None. (Papermaster, A. A.: A Clinical Application of Hypnosis and Hypnoanesthesia, DENTAL DIGEST **65**:264 June 1959)
6. No. (Boucher, C. O.: Fundamental Approach to Problems of Impressions for Complete Dentures, D. Pract. **8**:163 February 1958)
7. (b). (Rickles, J. A.: Surgery in Endodontics, Texas Dent. J. **76**:276 June 1958)
8. True. (Fusayama, Takav: Factors and Technique of Precision Casting, J. Pros. Dent. **9**:468 May-June 1959)
9. (a). (Berlove, I. J.: Anterior Median Palatine Cyst, New York J. Dent. **26**:384 December 1956)
10. Yes. (Mosteller, J. H.: An Evaluation of Fine-Cut Silver Alloys, Bull. Alabama D. A. **33**:11-12 January 1949)



**Superba  
2-Pulley  
Straight Handpiece**

\$1800

Here's a handpiece of the highest quality workmanship plus precision finish to give smoother performance at higher speeds. Complete satisfaction guaranteed.

If Your Dealer  
Can't Supply You Write

**SUPERBA DENTAL PRODUCTS, Inc.**  
201 Broadway Pier  
San Diego, Calif.

**DENTAFLUOR®**  
**Sodium Fluoride Tablets**

The pioneer of Sodium Fluoride Tablets + Dentafluorized water has given immunity, beauty & strength to teeth of thousands since 1949... Tablets limited to drinking water get full results—no risk—saves money. Send \$15 & this ad for 1 doz. 100's, or group order 1 gross for \$130. . . . or send \$1 for trial. Each bottled, labeled & with universally adaptable printed instructions. Rx only.

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BITE-WING TABS

MAKE ANY FILM A BITE-WING FILM

- NO GLUEING
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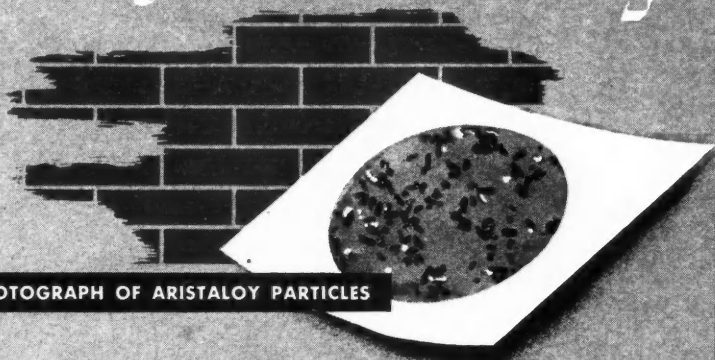


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FREE  
SAMPLES

JUST PRESS FLAPS  
TO ANY FILM WRAPPER

Order From Your Dealer  
**Kumfort-Tyme Co.**  
8690 W. Washington Blvd., Culver City, Calif.

# THERE IS ONLY ONE Aristaloy



MICROPHOTOGRAPH OF ARISTALOY PARTICLES

## SOLID, VOID-FREE STRUCTURE:

Finely cut Aristaloy particles are solid "bricks" of selected shapes that pack into such close proximity to one another and to the cavity wall that a uniform cementing medium is quickly established. Mercury penetrates only the surface of the clean particles, causing a chemical formation of intermetallic bonding compounds.

Coarsely cut particles or irregular shaped "bricks" never can be packed close together. If broken down in trituration, they go into dust and uncontrolled shapes. Mercury is trapped in spaces between such particles. Compounds continue to form causing excessive expansion. In many cases galvanic action will etch or erode the surfaces of the finished filling.

Dense, Aristaloy amalgam fillings stay bright and clean under all oral conditions and assure permanently sealed cavities. Many thousands of Dentists, most colleges and research workers have proven these facts, conclusively. ★ ★ ★ ★ ★

You pay no premium for Aristaloy quality. It is definitely not sold under any other label and has not been even closely imitated.



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NEW YORK CHICAGO LOS ANGELES SAN FRANCISCO

BAKER

THE WORLD'S LARGEST  
WORKERS AND REFINERS



## LAFFODONTIA

Handsome Mr. Smith had stepped at a lively pace during the month his wife had been visiting her family in the South. The couple were giving their first party after the wife's return home, when a noisy guest said slyly: "I suppose this party must seem tame to you, Mr. Smith."

"What do you mean by that?" asked Mrs. Smith.

"Well," replied the guest, "when the cat's away, the mice will—"

Mr. Smith swung and felled the loquacious guest with a right to the jaw. His wife, horrified, wailed: "For heaven's sake, John, what's the idea?"

Gallantly he came back with: "Nobody's going to call my darling wife a cat!"

Announcements of the professor's new book and his wife's new baby appeared almost simultaneously. The professor, when he was congratulated by a friend upon "this proud event in your family," naturally thought of that achievement which had cost him the greater effort and modestly replied:

"Well, I couldn't have done it without the help of two graduate students."

Did you see that donkey fall on Congress Street yesterday and break his leg?

Did they blame the driver?

No, they said it was the asphalt.

Doctor: "I'll examine you for \$5."

Patient: "Okay. If you find it I'll split with you."

"How's Collins?"

"Flat on his back."

"Why, only last night I saw him dancing with a blonde."

"So did his wife."

"You have acute gingivitis."

"So glad you admire it, Doctor!"

A young man told a psychiatrist of dreaming every night about playing baseball. The doctor inquired: "Don't you ever dream about meeting a beautiful girl? Don't you ever imagine you're winning her, dining her, holding her tight?"

"What?" the patient screamed, "and lose my turn at bat?"

Mother (to finicky child at table): "Eat it, dear—pretend it's mud."

She (starting on their honeymoon): "I've a confession—I'm a somnambulist."

He (quite debonair): "That's perfectly all right with me. You go to your church, and I'll go to mine."

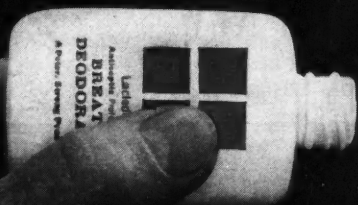
A psychiatrist is a man who goes to a beauty contest and studies the spectators.

Pity the dentist—he faces the same old grind every day!

"We were slowly starving to death," said the great explorer, at boarding house table, "but we cut up our boots and made soup of them."

"Sh-h! Not so loud," exclaimed a fellow boarder. "The landlady might hear you."



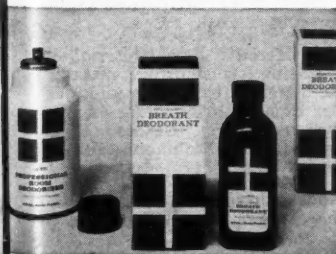


## Now... Laclede® Antiseptic Breath Deodorant in new, handy spray dispenser

**Added convenience** is offered by the new, easy-to-use form of a quality product specifically compounded for dentists' odor-control requirements. Laclede Antiseptic Professional Breath Deodorant now comes in a plastic squeeze bottle. Its pocket size makes it suitable as an individual applicator for all dental office personnel. It takes little room on the bracket table for patient-appreciated chair use.

**Economical** as well as effective, the Laclede squeeze bottle provides hundreds of sprays of a fine mist with immediate and long-lasting breath-freshening action. As much or as little as desired can be dispensed as often as needed. It neutralizes odors from many sources—such as food, tobacco, medications, and bacteria.

**Doctor, give your nose a break** with Laclede odor-control therapy to make your work more pleasant and improve patient relations. Make personal contacts more agreeable by using Laclede breath deodorant in the new spray dispenser and in four-ounce bottles. Keep office atmosphere fresh and sanitary by three-times-daily spraying with the Laclede room deodorizer in the push-button can.



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New York 16, N. Y.







## WHAT'S NEW

IN PRODUCT DESIGN—  
FUNCTION—ASSORTMENT



The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

**Lumin Selecta Teeth**—porcelain teeth with chromatic effect. Extremely dense and homogeneous ceramic substance and colors imbued in surface impart life-like appearance even under artificial light. Medidenta, 1420 Sixth Ave., New York 19, N. Y.

**Autoclave**—ideal space and size. Rectangular chamber is only 4½" x 5½" x 11½". Requires no attention from beginning of sterilization cycle through end of exhaust cycle. Stainless steel cover, chrome-plated front section, and lacquered base in gray hammertone finish. Sterilmaster Co., 1835 Pontius Ave., Los Angeles 25, Calif.

**Lubrication Kit**—consists of high pressure, pistol-type oiler that dispenses drop or fine stream of oil, plus hand-sized grease gun which develops up to 3,000 psi. Provides visual supply and one-hand operation. Made of unbreakable plastic. Cold Spring Products Co., Cold Spring, N. Y.

**Root Canal Instrument Tray**—made of stainless steel. Measures 8¾" x 7" x 1¼" deep. Has hinged cover and lift out tray. Ideal for storing all types of root canal instruments. Star Dental Mfg. Co., Inc., 58th & Market Sts., Philadelphia 39, Pa.

**Repair Resins**—a repair resin available to match each of six available shades of Jectron Styrene resin. Include the three new Jectron Clear shades. Also can be used for custom characterizing. Jectron Co., 1009 Jackson St., Toledo, Ohio.

**Shade and Mould Selector**—contains 16 sets of Dura-Blend anterior teeth—12 upper and four lower moulds—and all 12 Dura-Blend Shades. Packaged in an attractive leatherette case, it is ideal for chairside pre-

sentations. Myerson Tooth Corp., Cambridge 39, Mass.

**Century X-Ray**—model "F" unit features finger tip settings with a choice of two setting methods. New kvp and MA. meters confirm all adjustments. Five time-consuming steps eliminated and high quality diagnostic results are routine. Precise angulation of the tube eliminates necessity for adjusting patient. Ritter Co., Inc., Rochester, N. Y.

**Magnetic Instrument Holder**—lucite holder provides practical, efficient and convenient means for keeping instruments and burs in place. Provides: five magnetized grooves for instruments; magnetized platform for burs; non-magnetized well for crowns, inlays, etc. Johnson & Johnson, New Brunswick, N. J.

**Bischof-Dosenbach Attachment**—for retention of dentures. Eliminates jumpy lowers, lateral rotation, repeated call-backs. Reduces bulk in mouth. The dowel is an alloy, highly precisioned to exact specifications. Bischof-Dosenbach Co., 308 N. 6th St., St. Louis 1, Mo.

**Air Conditioners**—engineered for ultra-quiet operation. Compressor features dual suspension and an external spring suspension to absorb vibration. Features a hygienic-clean filter, multi-direction air grilles, variable cooling speeds and automatic thermostat. York, Division of Borg-Warner Corp., York, Pa.

**Biofast Metallic Die Material**—a rapid-setting, self-curing metallic plastic material for making all kinds of dies. Has no shrinkage or expansion when properly processed. B. L. Dental Co., Inc., Richmond Hill 18, N. Y.

**Portable Emergency Oxygen**—disposable sphere containing oxygen



**now!**  
**treat oral lesions**  
**with prolonged**  
**topical steroid**  
**anti-inflammatory**  
**action...**

## **Kenalog in Orabase**

Squibb Triamcinolone Acetonide in Emollient Dental Paste

new type adhesive vehicle maintains close steroid contact with oral lesions in effective concentrations over prolonged periods.

**Orabase**—long duration of action *in situ*\* confirmed in recent "time study".<sup>1</sup>

Total No. of Patients	Total No. of Applications	Average Maintenance Period (in minutes)
81	192	70.8

Peak maintenance period of 311 minutes noted. \*All patients were under treatment for lesions of the anterior labial gingivae. No evidence of local or systemic toxicity, irritation, or side reactions.

**Kenalog**—triamcinolone acetonide, in 0.1% concentration, proved clinically superior by paired comparisons to higher concentrations of hydrocortisone, prednisolone, and fluormethelone.<sup>2</sup> Well tolerated—no topical reactions in the mouth reported from the use of Kenalog in Orabase. Small amounts of steroid released (when the preparation is used as recommended) make systemic effects very unlikely...no other adverse effects even when swallowed.

**INDICATIONS:** recurrent ulcerative stomatitis/erosive lichen planus/denture stomatitis/tramatic lesions (denture sore spots, desquamative gingivitis and stomatitis, aphthous stomatitis)

**SUPPLY:** 5 Cm. tubes. Each Cm. supplies 1 mg. triamcinolone acetonide.

**DOSAGE:** Apply a small dab (¼ inch or less) of medication to the lesion, using enough only to coat the affected area with a thin film, preferably at bedtime to permit steroid contact with the lesion throughout the night. Also, if necessary, apply the preparation 2 or 3 times daily, preferably after meals.

**REFERENCES:** 1. Kutscher, A. H., et al.: Oral Surg. Oral Med. Oral Pathol. 12:1080-1089 (September 1959). 2. Cahn, M. M. and Levy, E. J.: Antibiot. Med. & Clin. Ther. 6:734 (December 1959).

**SQUIBB**



*Squibb Quality—the Priceless Ingredient*

\*KENALOG®, "PLASTIBAG"®, AND "ORABASE"® ARE SQUIBB TRADEMARKS

and facial mask, weighing less than 2 lbs. Duration of flow: one hour. Sphere is held in hand and flow controlled by pressure of mask against face. Removal of mask automatically stops flow. **Breath-O'-Life Oxygen, Inc.,** The Arcade Bldg., Cleveland 14, Ohio.

**Sweetbreath Denture Cleanser and Whirlpool Washer**—a fast acting liquid which removes debris that collects on full and partial dentures. Is non-toxic to oral tissues. Whirlpool Washer embodies self-contained liquid. Also available in 6 oz. bottle. **A. C. Alvin Co.,** 909A Equitable Bldg., Des Moines 9, Iowa.

**Spee-Dee**—a saliva ejector with Soft-Ti replaceable tips. Unique design permits Ejector to rest far enough back in mouth to keep posterior regions constantly free from water and saliva. Lightweight and easily sterilized. **Rower Dental Mfg. Corp.,** Boston 16, Mass.

**Rhodes Loupes**—designed for better vision in all operating procedures. Give clear vision area 3" to 4" in diameter. Handbeam made of absorbent plastic. **Den-Tal-Ez Chair Mfg. Co.,** 1151 S. E. Diehl, Des Moines, Iowa.

**Beutelrock Endodontic Line**—each instrument calibrated, color-coded and ringed for quick and easy identification. Complete kit includes broaches, reamers, files, points, pliers and broach holders. Also available in an Endodontic Material Case containing Cavit, Diaket and PBSC with needles and syringe. **Premier Dental Products Co.,** Philadelphia 7, Pa.

**Model 177 Compressor**—features handsome insulated Formica cabinet which encloses compressor and reduces sound levels to a barely discernible whisper. Free-rolling casters allow quick, effortless movement. Meets power requirements of modern high-speed handpieces plus reserve for other purposes. **Johnson Service Co.,** Milwaukee 1, Wis.

**Portable Oxygen Unit**—an accurate, scientifically developed piece of precise equipment simplified so that anyone can operate it. Contains 360 liters of oxygen, enough for 40 minutes' use. Weighs only 22 lbs. Easily regulated to allow proper amounts of oxygen. **Medical Division, The**

**Burdett Oxygen Co.,** 3300 Lakeside Ave., Cleveland 14, Ohio.

**Wet-'n-Dry Polishing Discs**—for silicate fillings. New formula white electro corundum bonded to flexible plastic. Available extra fine, fine, medium and course grits. **Parkell Co.,** 23-06 31st Ave., Long Island City 6, N.Y.

**Tooth Cleaning Paste**—now available in attractive lightweight, shatter-proof jar, in 12 oz. jars. Smaller jars also available. **Mynol Chemical Co.,** Philadelphia 43, Pa.

**Euron Press**—an acrylic pressure processing machine. Will inject into a special precision built closed flask any good acrylic, eliminating raised bites and porosity. Processing done by application of dry heat. **Valplast Corp.,** 1170 Broadway, New York 1, N.Y.

**Chayes-Siemon Desensitizer**—a complete self-contained unit with own power supply. For use after mass reduction of tooth structure, in crown and bridgework, mouth rehabilitation, erosions, recessions, etc. Portable, light in weight. Solves problem of sensitivity simply and quickly. **Chayes Dental Instrument Corp.,** Danbury, Conn.

**Constant Pressure Unit**—for porcelain-like crowns and veneers. All detail in processing maintained on facings. It is a small cylindrical-shaped metal container, housing a special fluid that will produce a rated pressure of approximately 1000 lbs. **Trio-Dent, Inc.,** P.O. Box 82, Union, N.J.

**Vac-u-vestor and Power-Mixer**—unit has 2 drive shafts, one for vacuum investing and the Dlex-Mixer for vacuum mixing die materials; the other for vacuum-mixing plasters, stones and other investments. To prevent accidental interchange of units, 2 different types of drive chucks are used. **Whip-Mix Corp.,** 411 West Avery Ave., Louisville 8, Ky.

**Prodont Separating Discs**—specially designed for preparation of teeth in the mouth. Synthetic resin-base. Suitable for working even the hardest metals. **Union Broach Co., Inc.,** 80-02 51st Ave., Elmhurst 73, N.Y.

**Desensitizing Paste**—designed for the rational local treatment of hyper-

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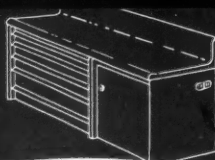
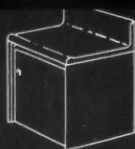
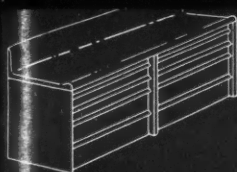
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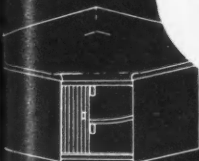
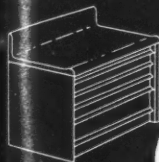
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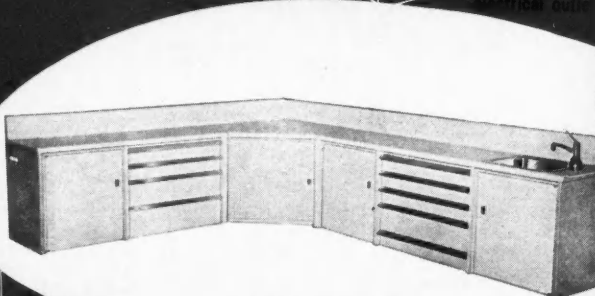
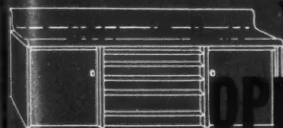


Woodgrain  
Formica in  
4 dental colors:  
Blue - Coral  
Green - Blond

Convenient built-in  
electrical outlet

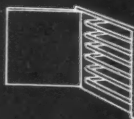


Corner section with  
rail-away door



Design Patent No. D184,180

**PLAN  
YOUR  
OPERATORY**



Built-in  
setup trays



Built-in stainless steel  
sink with corrosion-free  
single lever faucet

**...for maximum convenience  
with these Shelley units in woodgrain**

**FORMICA**

All the step-saving efficiency developed by time and motion studies is yours in these Shelley modular, wall-mounted cabinets. Superb quality throughout plus many outstanding features: Drawers glide smoothly, quietly on nylon bearings. Handsome pulls extend full-width of drawers. Magnetic door catches. Safety locks prevent accidental drawer removal. Every surface Formica laminated including edges of doors. Each unit available in various sizes and arrangements to fit your exact needs. Easy installation. At better dealers — or write for catalog. *Many other models not shown above. Also floor models.*

**Shelley**

Leader in Advanced Design

SHELLEY PROFESSIONAL PRODUCTS, INC., Dept. O  
305 Glendale Blvd., Los Angeles 26, Calif.

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☐ Mobile Cabinets

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Address .....  
City ..... Zone ..... State .....

sensitive dentine. Treatment is simple, requiring only a few minutes. Stratford—Cookson Co., 261 South 3rd St., Philadelphia 6, Pa.

**Nuklorene Antiseptic Tablets**—improved formula of Chloramine T can be made fresh daily assuring greater stability and less irritation. Available in bottles of 100, 500 and 1000. Stratford—Cookson Co., 261 South 3rd St., Philadelphia 6, Pa.

**Foilecote**—a liquid tin foil substitute. Gives unusually smooth finish. Usually a single coat is sufficient for separation although a second coat too will give excellent results. Whip-Mix Corp., 411 West Avery Ave., Louisville 8, Ky.

**Gypsum Hardener**—intended to be used instead of water to mix gypsum products. Will produce smoother mixes, increase strength and surface hardness of die materials, stones and plasters. Abrasion resistance increased. Whip-Mix Corp., 411 West Avery Ave., Louisville 8, Ky.

**Protec-dor**—a sanitary toothbrush holder. Holds 5 toothbrushes; keeps out dustborne germs. Doors open and close automatically. Randall Bros., 373 North Western Ave., Los Angeles 4, Calif.

**Inhalor Units**—extremely lightweight compact units (5 models) offer durations from 30 minutes to 2½ hours. New features are cylinders that are available in 3 different sizes and a new type face mask especially designed for greater comfort. Available in attractive, durable, luggage-type case. Oxy-Life Corp., 3232 Archer Ave., Chicago 8, Ill.

**Silent Dental Tray**—a sturdy rubber tray, easily washed and sterilized. Available in 4 colors: pastel green, aqua, white, pastel blue. Specify for S. S. White, Ritter, or Weber units. The Silent Tray Co., Box 394, Encino, Calif.

**Water Separator**—an improved type now supplied as an integral part of the Air-Drive "400" unit. Is smaller in size but more efficient than former separator. Midwest Dental Mfg. Co., 4439 West Rice Street, Chicago 51, Ill.

**Kerr Bonus Pacs**—14 boxes Kerr Impression Compound Cakes for price

of 12. Available in single color packages. Also 7 boxes Kerr Impression Compound Sticks for price of 6. Available in red or green only. Kerr Mfg. Co., Detroit 8, Mich.

**Steramatic**—a dry heat sterilizer. Thermostatic control maintains sterile temperature. Has automatic timer. Chrome finished mirror body rests on bakelite legs. Also available in smaller "Sterilette" model. D. A. Kadar Co., Inc., 29 Clinton St., Yonkers, N.Y.

**Coat Rack**—an extremely compact wall-mounted coat and hat rack that offers special advantages for shallow and confined areas. Hangers are parallel rather than perpendicular to wall. Hat shelves are formed of parallel aluminum tubes. Vogel-Peterson Co., Elmhurst, Ill.

**Coprux Bite Wafers**—a new bite wax. Improved thermal conductivity achieved by use of minute copper particles in the specially formulated wax. Assure fast, uniform heat transmission. Also features the use of a thin sheet of aluminum foil which is laminated between the layers of wax to prevent teeth from cutting through. Surgident, Ltd., 3871 Grand View Ave., Los Angeles 66, Calif.

**Uniblast**—a compact transistorized unit for cleaning small items in dental offices. A solution is available permitting cold sterilization, effective against spore-type germs. No harm to the most fragile of instruments. Plugs into ordinary 110-120 volt circuit. The Narda Ultrasonics Corp., Westbury, L.I., N.Y.

**Tin Crown Forms**—constructed of soft, pure tin with detailed anatomy and cusps. Are as soft as 24-k. gold and have less galvanic action than aluminum. Tasteless, non-corrosive and non-irritating. Surgident, Ltd., 3871 Grand View Ave., Los Angeles 66, Calif.

**R&R Gypsums**—a new polyethylene liner is now used in the Dual-Pac 25-lb. carton. Provides an additional safeguard from moisture and contamination. A double carton is used which furnishes extra strength and protection for contents during shipment. The Ransom & Randolph Co., Toledo, Ohio.